S. No. 1.

N. B.

WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

ated EXACTLY. PHYSICIANS should state Exact statement of OCCUPATION is very stated EXACTLY. carefully supplied. AGE should be sto that it may be properly classified. See instructions on back of certificate. -Every Item of information should be CAUSE OF DEATH in plain terms, s important.

PLACE OF DEATH county Montgomery



### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St	. 9	Ward)	
-			

[If death occurred in a hospital or institution,

*FULL NAME Imfant	Baker give its NAME instead of street and number.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female Black Single, MARRIED Single ORDIVORCE WIDOWED WITH THE WORD ORDIVORCE Write the word	16 DATE OF DEATH    Month   Day (Year)   17
ODATE OF BIRTH  Note. 18, 1914  (Month) (Day (Year)  TAGE  (Still Born) 1 day,hrs.	17 I HEREBY CERTIFY, That I attended deceased from
B OCCUPATION  (a) Trade, protession, pr particular kind of work.  (b) General nature of Industry, business, or establishment in which employed (or employer)	Still-Born  (Ouration) yrs mos ds.
O STATE OF COUNTRY)  Pockville, Md.  10 NAME OF FATHER Robert Baker	Contributory Secondary  (Duration)  yrs mos ds.  (Signed)  (Signed)  (Address)  Rockville  Mo
12 MAIDEN NAME OF MOTHER OT MOTHER OF MOTHER OT MOTHER O	*State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANN OF INJURY; and (2) whether Accidental, SUICIDAL, Or HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place lo the ot death yrs mos ds.
(Informant) Mrs. Robert Baker  (Address) Robertle, Md.	Where was disease contracted, If not at place of death?
Filed	20 UNDERTAKER ADDRESS

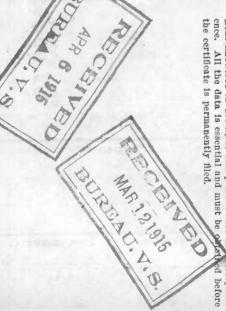
[Approved by U. S. Census and American Public Health Association.]

additional line is provided for the latter statement; the nature of the business or industry, and therefore an applies to each and every person, irrespective of age. ness of various pursuits can be known. The question duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. cases, especially in industrial employments, it is nee-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupatious a single word or term on the tlon is very important, so that the relative healthfulcated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. fication as Day laborer, Farm laborer, Laborerstatement. material worked on may form part of the second essary to know (a) the kind of work and also (b)who have no occupation whatever, write None. (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indl-Women at home, who are cugaged in the Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, If the occupation has As examples:

pņeumonia"); causing death (the primary affection with respect to lesis of lungs, meninges, peritonaeum, etc., Carcin-("Pneumonia," unqualified, is indefinite): Tubercu-"Croup";) Typhoid fever (never report "Typhoid time and eausation), using always the same accepted brospinal meningitis"); Diphtheria (avoid use of fever (the only definite synonym is "Epidemic cereterm for the same discase. Statement of cause of death-Name, first, the DISEASE Lobar pneumonia; Bronchopneumonia Examples: Cerebrospinal

> nant neoplasms); Measles; Whooping cough; Chronic mia," "PUERPERAL peritonitis," eause. Always qualify all discases resulting from ete., when a definite disease ean be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of..... (name origin; "Caninjury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. childbirth or misearriage as "Puerperal scotichae-"Collapse," "Coma," "Convulsions," "Debility" ("Conture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciby carbolic acid-probably suicide. The nature of the is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanns) may be stated under the head of Measles "Senile," etc.), (Recommendations on statement of (disease eausing death), 29 ds.; "Dropsy," etc. State cause for "Exhaustlon," For vio-

tions answered in detail, it will prevent further If this certificate is looked over thoroughly and all ques-All the data is essential and must be obtain ed before



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	Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is	Important. See instructions on back of certificate.

1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH County fund Registration Dist. No. 2/3 It death occurred in .....St.;.....Ward) a hospital or institution. give Its NAME Instead Beelsuit ot street and number. 1 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE. 3 SEX 4 COLOR OR RACE MARRIED, WIDOWED, ORDIVORCED (Write the word) I HEREBY CERTIFY, That I attended deceased from 17 6 DATE OF BIRTH 1914 to Dea (Day) (Year) 7 AGE It LESS than and that death occurred on the date stated above, at t day,....hrs. The CAUSE OF DEATH \* was as follows: OR ..... ? coular houng BOCCUPATION (a) Trade, protession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) Contributory... (Secondary) (State or country) 10 NAME OF FATHER (Signed) 11 BIRTHPLACE ENT OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 1B LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country ot death ...... yrs. ..... mos. ..... ds. Stafe Where was disease contracted. it not at place of death? Former or usual residence. DATE OF BURIAL 15 20 UNDERTAKER ODRESS REGISTRAR If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Fublic Health Association.]

who have no occupation whatever, write None cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of ilibeen changed or given up on account of the DISTASE Scrvant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers mine, etc. fleation, as Day laborer, Farm laborer, Laborer—Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples additional line is provided for the latter statement the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as material worked on may form part of the second (a) - Spinner, cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salcsman, If the occupation has For persons 9

Statement of cause of death—Name, first, the disease cause of death—Name, first, the disease cause of death—I always the same accepted term for the same disease. Examples: Ccrebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

childbirth or miscarriage, as "Tuerperal scottchaemus," "Old Age," "Shock," 'Traemia," "Weakness," genital," cause of death approved by Committee on Nomencla scpsis, tetanus) may be stated under the head of dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vicmia," "PUERPERAL peritonitis," etc., when a definite disease can be ascertained as the "Hart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Mcasles (disease causing affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) "Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary). 10 ds. Never report valvular heart disease; Chronic interstitial nephritis ter" is less definite; avoid use of "Tumor" for malig oma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of etc. (name origin; "Can death), 29 ds. State cause for Examples:



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD MARGIN RESERVED FOR BINDING

County Many 9	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 214
Village or City & Simewill (No.)	St.; Ward)  [If death occurred in a hospital or institution, give its NAME lostead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SSEX  4 COLOR OR RACE  MARRIED, MODERO MIDOWED  ORDIVORCED (Write the word)  (Month)  (Day)  (Year)  7 AGE  (Month)  (Day)  (Year)  16 COCCUPATION  (a) Irade, profession, or pasticular kind of work  (b) General nature of industry, business or establishment in which employed (or employer)  9 ENHTHPLACE (State or country)  10 NAME OF FATHER  (State or country)  12 MAIDEN FAMB  OF MOTHER  (State or country)  13 BIRTHPLACE OF MOTHER (State or country)  13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  (Inf	16 DATE OF DEATH
Filed Dec 23 1915 # CBracefood	20 UNDERTAKER  20 UNDERTAKER  20 UNDERTAKER  ADDRESS  BANGLER  ADDRESS
If more blanks are needed, address State Registrar	G. E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

Grocery; (a) Foreman, (b) Automobile factory. The statement. material worked on may form part of the second statement. Never \*return "Laborer," "Foreman," (a) Spinner, (b) Cotton mill; (a) Salesman, ness. If retired from business, that fact may be indiit should be used only when needed. As examples: additional line is provided for the latter statement; Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., applies to each and every person, irrespective of age. tion is very important, so that the relative lealthfulwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specithe nature of the busiress or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the If the occupation has Farmer or Planter, "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuderculosis of lungs, meninges, peritonacum, etc.. Carcin-

mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Purrerral scpticharetc., when a definite discase can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Wcakness," -Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As affection need not be stated unless important. cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. Bronchopncumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 valvular heart disease; Ohronic interstitial nephritis cer" is less definite; avoid use of "Tumor" for malig ture of the American Medical Association.) nant neoplasms); Measles; Whooping cough; Chronic oma. Surcoma. etc., of . The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Can State cause for Never report Examples:



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STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. 221 [If death occurred in (No .... a hospital or institution. give its NAME instead Rispa ann Burdette of street and number. 1 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 4 COLOR OR RACE 3 SEX MARRIEO, WIOOWEO, (Month) OROIVORCEO (Write the word) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH (Day) If LESS than and that death occurred on the date stated above, at 3 3 7 AGE 1 day, .....hrs. OR ..... min. ? BOCCUPATION (a) Trade, profession, or particular kind of work. Carnorchage 5 days (b) General nature of industry, business, or establishment in which employed (or employer) ..... Contributory Chile pag. 9 BIRTHPLACE (State or country) (Duration) 15 vrs. 10 NAME OF Dec. 17, 1914. (Address) Danis ens 11 BIRTHPLACE ARENT OF FATHER
(State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER of death ..... yrs. mos. ds. State yrs, \_\_\_\_ ds Where was disease confracted. If not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Damaseux Cemelery 15

If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

20 UNDERTAKER

ADDRESS

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[Approved by U. S. Census and American Public Health Association.]

(a) Spinner, (b) Cotton mill; (a) Salcsman, Grocery; (a) Foreman, (b) Automobile factory. cated thus: Farmer (retired 6 yrs.). should be taken to report specifically the occupations mine, etc. Women at home, who are engaged in the duties of the household only (net paid Housekeepers causing neath, state occupation at beginning of Ill-Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second additional line is provided for the latter statement who have no occupation whatever, write None. been changed or given up on account of the DISEASE Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fleation, as Day laborer, Farm laborer, Laborer—('oal statement. it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age ness of various pursuits can be known. The question first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative mealthful-Statement of occupation-Precise statement of occupa If retired from business, that fact may be indi-Never return "Laborer," "Foreman." If the occupation has As examples

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Ccrebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Tneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, periionaeum, etc.. Carcinosis of lungs, meninges, periionaeum, etc..

cause of death approved by Committee on Nomencla "Contributory." sepsis, tctanus) injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage. as "Turrperal scottchac mus," "Old Age," "Shock," "Traemla," "Weakness," genltal," "Senile." etc.), ture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train—acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably etc., when a definite disease can be ascertained as the "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of ... "Heart failure," "Haemorrhage," "Inanition," "Maras-Bronchopncumonia (secondary), 10 ds. Never report ver" is less definite; avoid use of "Tumor" for malig The contributory (secondary or intercurrent Always qualify all diseases resulting from (Recommendations on statement of may be stated under the head "Dropsy," "Exhaustion," (name origin; "Can-State cause for Examples:



V. S. No. 1.

	PLACE OF DEATH 13785	STATE OF MARYLAND
Co	unty Montgomery (49)	CERTIFICATE OF DEATH
		Registration Dist. No. 2/
Vii	lage or City Norkville (No.	St.; Ward) [If death occ
	FULL NAME William Mar	feeld Davis give its NAME of street and no
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 5	male White (Write the word)	16 DATE OF DEATH December 10, (Month) (Day
6 D	ATE OF BIRTH	17 I HEREBY CERTIFY, That I attended decease  Ong. 1910, to Dec. 10
	(Month) (Day (Year)	that I last saw h Liqualive on DLC 10
7 A	GE If LESS than	and that death occurred on the date stated above, at
	85 yrs 5 mos 19 ds. or min.?	The CAUSE OF DEATH* was as follows:
(a)	CCUPATION ) Trade, profession, or ricular kind of work	Mitras regurgitation
bus	General nature of Industry, liness, or establishment in ich employed (or employer)	(Duration) # yrs. # mos.
9 81	(State or country) Virginia	Contributory
	10 NAME OF THE O.	(Signed) (Duration) yrs mios
IS	11 BIRTHPLACE	Die 10, 181 H (Address) Nochmit
ARENT	OF FATHER (State or country)  12 MAIDEN NAME	*State the DISEASE CAUSING DEATH, or, in deaths from CAUSES, state (1) MEANS OF INJURY; and (2) whether A TAL, SUICIDAL, OF HOMICIDAL.
PA	OF MOTHER Charlotte Markell	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRA
	OF MOTHER (State or country) / Mainia	At place In the of death yrs mos ds. State yrs, mos.
14 7	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
	(Informant) Mus Will My Davis	Former or usual residence
	(Address) Nockill Md	19 PLACE OF BURIAL OR REMOVAL DATE OF BURI
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15		Congressional DC DER 12 20 UNDERTAKER ADDRESS

[Approved by U. S. Census and American Public Health Association.]

statement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: fication as Day laborer, Farm laborer, Laborer-Coal who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At sehool or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfuibeen changed or given up on account of the DISEASE For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—In the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synouym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereulesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronie interstitial nephritis, nant neoplasms); Measles; Whooping eough; Chronic cer" is less defiuite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... "Contributory." mia," "PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal couditions, such as "Asaffection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homieide; Poisoned Aecidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichac-"Heart failure," "Haemorrhage," "Inauition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronehopneumonia (secondary), 10 ds. Never report by earbolie acid-probably suicide. The nature of the The contributory Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) (name origin; "Cun-State cause for



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PHYSICIANS RECORD o statement PERMANENT EXACTLY. stated classified. 4 should UNFADING INK-THIS AGE supplied. may carefully o that it 9 PLAINLY, WITH Pe should Information WRITE 50

CCCUPATION IS very certificate. 0 terms, on back CO See instructions CAUSE OF important.

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BOCCUPATION (a) Trade, profession, or parficular kind of work...

1 PLACE OF DEATH



### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 2/7

e De John	St.;Ward)	[If death occurred in a hospifal or institution, give its NAME instead of sfreet and number.]
MEDICAL	CERTIFICATE OF	DEATH
18 DATE OF DEATH	Dec.	6 th , 1914
April 19 th 18		attended deceased fro
that I last saw h S. all		
and that death occurred of the CAUSE OF DEATH*	was as follows:	
Cohronic Ful	irstitial)	Vefebrelie.
	**************************************	**************************************
Contributory Cercondary	brol Af	iofilesy
(Signed) Lohas, F	(Duration)	yrsmos
Dec. 6 th, 1914 (1	1 1 1	
*State the DISEASE C. CAUSES, state (1) MEAN TAL, SUICIDAL, or HOMIC	AUSING DEATH, or, is of Injury; an	7
18 LENGTH OF RESIDENCE OR RECENT RESIDENTS) At place of death yrs, mos. Where was disease contracted,	In the	INSTITUTIONS, TRANSIENT
if nof at place of death?	***************************************	
19 PLACE OF BURIAL OR	REMOVAL	Dece 9, 1915
20 UNDERTAKER	1	ADDRESS

	FULL NAME Self	ecca lac
Viilage	or City Norbeck	(No
County	y woody	

PERSONAL AND STATISTICAL PARTICULARS 3 SEX DATE OF BIRTH

MARRIED, Hiclowe ORDIVORCED

(Day

(Year If LESS th f day ......h

(b) General nature of Industry,

(Month)

business, or establishment in which employed (or employer) ..... BIRTHPLACE (State or country)

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (State or country

(Address)

15 REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

inatcrial worked on may form part of the second \*Groccry; (a) Foreman, (b) Automobile factory. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speci--statement. it should be used only when needed. tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: of persous engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. (a) Spinner, (b) Cotton mill; (a) Salesman, additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from husiness, that fact may he indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing defection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

mant neoplasms); Measles; Whooping cough; Chronic thenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. valvular heart discase; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligsuch, if impossible to determine definitely. Examples: mia," "PUERPERAL peritonitis," etc. ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," ctc.), "Dropsy," "Exhaustiou," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asoma, Sarcoma, etc., of..... ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tctanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichae "Heart failure," "Haemorrhage," "Inanition," "Maras-Bronchopncumonia (secondary), 10 ds. The contributory Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) (name origin; "Can-State cause for Never report



UNFADING INK-THIS IS A PERMANENT WRITE PLAINLY, WITH DEATH in plain terms, so that it m See Instructions on back of certificate.

PHYSICIANS should state of OCCUPATION Is very

Exact statement

properly classified. should be

AGE

carefully supplied.

Every item of information should be CAUSE OF DEATH in plain terms, s

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Important.

stated EXACTLY.

RECORD

1 PLACE OF DEATH county Montgomery



### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

S	ŧ.	. 9	 W	a	*	d)	
_		7		-		-,	

[If death occurred in a hospital or institution, give its NAME instead

2FULL NAME Infant	Vines	of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE	OF DEATH
male Black Single,  Male Black (Write the word)	16 DATE OF DEATH (Month)	. 26 ,1914 (Day (Year)
TAGE  Age  Age  (Month)  (Day  (Year)  TAGE  (Still - Born)  1 day, hrs.  OR min.?	that I last saw halive on	, 191, 191
8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer)  9 BIRTHPLACE (State or country)	Contributory Secondary	Born yrs mos ds
10 NAME OF FATHER Nathan Plinle 11 BIRTHPLACE OF FATHER (State or country)  W (State of country)  12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER		
OF MOTHER Mary Way  13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)  Ms. Nathan Nines	18 LENGTH OF RESIDENCE (FOR MOSPITAL OR RECENT RESIDENCE) At place In the of death yrs. mas. ds. State Where was disease contracted, If not at place of death?  Former or usual residence.	yrs, ds
(Address) Josech Md.	19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Filed	20 UNDERTAKER	ADDRESS

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write Nonc. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as duties of the household only (not pald Househeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nee-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. been changed or given up on account of the DISEASE Housewife, Housework, or At Home, and children, not Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) first line will be sufficient, e. g., Farmer or Planter, tion is very important, so that the relative healthful-For many occupations a single word or term on the ness of various pursuits can be known. Statement of occupation-Preeise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples: The question

Statement of cause of death—Name, first, the Disease Causing nearth (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercutsis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, eanse of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for mns," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failnre," "Flaemorrhage," "Inanition," "Marasgenital," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. eer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) "Contributory." sepsis, tetanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. childbirth or misearriage as "Puerperal septichacetc., when a definite disease can be ascertained as the "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. The contributory Always qualify all diseases resulting from Mcusles (disease cansing death), "Seulle," etc.), (Recommendations on statement of (secondary or intercurrent) "Dropsy," "Exhaustion," Never report For vio-29 ds.;

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state Very PHYSICIANS should of OCCUPATION is RECORD statement PERMANENT EXACTLY. Exact stated classified. 4 IS should INK-THIS properly AGE supplied. UNFADING certificate. carefully that 80 10 WITH Q Q n terms. should PLAINLY. plain See instructions of information = DEATH WRITE Every Item mportant.

PLACE OF DEATH county Mont gomer

PERSONAL AND STATISTICAL PARTICULA

(Month)

5 SINGLE. MARRIED,

ORDIVORCED (Write the word) WIDOWED,

(Day

KNOWLEDGE

REGISTRAR

It LESS than

..... min. ?

2FULL NAME

DATE OF BIRTH

8 OCCUPATION (a) Trade, protession, or

particular kind of work

9 BIRTHPLACE (State or country)

10 NAME OF FATHER

11 BIRTHPLACE

OF FATHER (State or country)

12 MAIDEN NAME

OF MOTHER

13 BIRTHPLACE OF MOTHER (State or country)

(b) General nature of Industry,

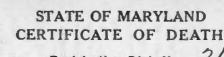
business, or establishment in which employed (or employer)

TAGE

ARENTS

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Filed.



Registration Dist No.

England	d) [If death occurre a hospital or institution give its NAME institution of street and number	tion, tead
MEDICAL CERTIFICATE	OF DEATH	
18 DATE OF DEATH	c. 7 19	, 4
(Month)	(Day (Yes	
17 I HEREBY CERTIFY, The	it I attended deceased	fron
, 191, to	, 19	1
that I last saw haliye on	. 19	ı
and that death occurred on the date stat		m
The CAUSE OF DEATH* was as follows		
Still-1	Born	
(Ouration)	yrs:mos	ds
Contributory Secondary		
(Duration)	yrsmos	ds
(Signed) O hand in the		M. D
Pra	billo n	21
, 191 (Address) Co C	wace, 111	
*State the DISEASE CAUSING DEATH, CAUSES, state (1) MEANS OF INJURY; TAL, SUICIDAL, OF HOMICIDAL.	or, in deaths from Vio and (2) whether Acci	LENT
16 LENGTH OF RESIDENCE (FOR HOSPITA	LS, INSTITUTIONS, TRANSI	ENTS
At place to the		
Maria and and all the state of	e yrs, mos	ds
Where was disease contracted, If not at place of death?	a contract	
Former or		
usuat residence	01000000000000000000000000000000000000	
19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL	1
20 UNDERTAKER	ADDRESS	*100000
X		

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

### 213 DATE 3-19-15

## REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Realth Association.]

Housewife, Housework, or At Home, and children, not cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a defiuite salary), may be entered as duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. Servant, Cook, Housemaid, etc. If the occupation has mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. essary to know (a) the kind of work and also (b) For many occupations a single word or term on the tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, (b) Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indl-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid dineumonla"); Lobar precumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculosis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic such, if impossible to determine definitely. Examples: mia," "Puerreral peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaecanse. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the iuns," "Old Age," "Shock," "Uracmia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," thenia," "Anaemia" (mcrely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) injury, as fracture of skull, and consequences (e. g., ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciwhich sprgical operation was undertaken. "Collapse," "Coma," "Convulsions," "Debility" ("Con-"Contributory." The contributory (secondary or intercurrent) Measles "Senile," etc.), (Recommendations on statement of (disease causing death), 29 ds.; "Dropsy," "Exhaustion," Never report For VIO-



RECORD MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS PERMANENT 16 DATE OF DEATH BEX 4 COLOR OR RACE S SINGLE. MARRIEO. WICOWEO. Write the word) (Month) (Day) (Year) TAGE tf LESS than 1 day hrs. OR ..... mio. ? BOCCUPATION (a) Trade, protession, or particular kind of work. (h) General nature of industry, business, or establishment in may which employed (or employer) -----Contributory 9 BIRTHPLACE (State or country) (Secondary) that 10 NAME OF FATHER 11 BIRTHPLACE ARENT OF FATHER (State or country) should 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. plain OF MOTHER Instructions Information OR RECENT RESIDENTS) 13 BIRTHPLACE 2 At place in the OF MOTHER DEATH (State or country) of death \_\_\_\_\_ yrs. \_\_\_ mos. .... Where was disease contracted. it not at place of death?. ō Former or Every item CAUSE OF Important. S usual residence. BURIAL OR REMOVAL

1 PLACE OF DEATH

DNION

NON

STATE OF MARYLAND CERTIFICATE OF DEATH

Registered No....

St: .....Ward)

Ilf death occurred in a hospital or institution. give its NAME instead of street and number. ]

(Month) I HEREBY CERTIFY. That I attended deceased from and that death occurred on the date stated above, at & \*State the DISEASE CAUSING DEATH, or, in deaths from Violent CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, State DATE OF BURIAL ADDRESS If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

(a) Spinner, (b) Cotton mill; (a) Salcsman, (b) figeation, as Day laborer, Farm laborer, Laborer-Coal it should be used only when needed. As examples: Grocery; (a) Foreman, (b) Automobile factory. The cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at heginning of Illshould be taken to report specifically the occupations duties of the household only (not paid Housekeepers additional line is provided for the latter statement; cases, especially in Industrial employments, it is necwho have no occupation whatever, write None been changed or given up on account of the DISEASE Scruant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second statement. Never return "Laborer," "Foreman," the nature of the husiness or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary Areman, etc. But in many first line will be sufficient, e. g., ness of various pursuits can he known. The question tion is very important, so that the relative healthfuiminc, etc. Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Farmer or Planter, "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerchrospinal fever (the only definite synonym is "Epidemic cere-trospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid neumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, periionacum, etc., Carcin-

"Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenciascpsis, tetanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned such, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "PUEEPERAL septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the inus," "Old Age," "Shock," "Uraemla," "Weakness," "Heart fallure," "Haemorrhage," "Inaultion," "Marasgenltai," "Senile," etc.), "Collapse." "Coma," "Convulsions," "Debillty" ("Conthenla," "Anaemla" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis nant ncopiasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of \_\_\_\_\_\_ (name origin; "Can-cer" is less definite; avoid use of "Tumor" for mailgture of the American Medical Association.) lnjury, as fracture of skuii, and consequences (e. g., Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJUSY and qualify as which surgical operation was undertaken. For vicample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) "Dropsy," "Exhaustion," State cause for Examples:



V. S. No. 1.

WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT not information should be carefully supplied. AGE should be stated EXACTLY. F DEATH in plain terms, so that it may be properly classified. Exact statement	RECORD	PHYSICIANS should state
N. B.—Every iter CAUSE O	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	N. B.—Every item of information should be carefully supplied, AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very interesting the property of social statement of the property of social statement of the property of social statement of the property of the pr

Village or City West Glan Echo (No. 2)	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.  St.; Ward)  St.; Ward)  Gif death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Moale Le Loud Stingle,  Married,  Write the word)	16 DATE OF DEATH Wee 3 , 1914 (Month) (Day (Year)  17 I HEREBY GERTIFY, That I attended deceased from
6 DATE OF BIRTH	Dec 30 1914 to Dea 31, 1914.
(Month) (Day (Year)  7 AGE  3 2 yrs mos, ds. OR min.?	that I last saw h alive on Dec 30 1914 and that death occurred on the date stated above, at 5.30 P, m. The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work.  (b) General nature of industry, business, or establishment in which employed (or employer)  **BIRTHPLACE** (State or country)  **D. Le.**	(Ouration) yrs mos b ds.  Contributory leading Failure Secondary
10 NAME OF Moose Lordon	(Signed) Montgomery Winter, M. D.  Jan 1, 1915 (Address) 1728 O mashipta D
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER  Mod	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place
(State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  (Address)  (Address)  (Address)  Filed  (Address)  Filed  (State or country)  (Address)  Filed  (Address)  (Address)	of death yrs. mos. ds. State yrs, mos. ds  Where was disease contracted, If not at piace of death?  Former or Usual residence  19 PLACE OF BURIAL OR REMOVAL  WOSLS Cruektory  20 UNDERTAKER  White the state of the

[Approved by U. S. Census and American Public Health Association.]

. iication as Day laborer, Lurm laborer, Laborer - Coul. material worked on may form part of the second it; should be used only when needed. As examples: Grocery; (a) Foreman, (b) Automobile factory. The who receive a definite salary), may be entered as mine, etc. Women at home, who are engaged in the "Manager," "Dealer," etc., without more precise specistatement. additional live is provided for the latter statement; the nature of the business or industry, and therefore an applies to each and every person, irrespective of age. cated thus: CAUSING DEATH, state occupation at beginning of ill-Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeeper's cases, especially in industrial employments, it is ucc-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care essary to know (a) the kind of work and also (b)For many occupations a slugle word or term on the tion is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indl-Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman,

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (uever report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Meastes; Whooping cough; Chronic which surgical operation was undertaken. mia," "PUERFERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerpenal septichac cause. Always qualify all diseases resulting from etc., when a defiuite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Collapse," "Coma," "Convulsions," "Debility" ("Contheuia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report ample: Measics (disease causing death), 29 ds. affection need not be stated unless important. Exvalvular heart disease; Chronic interstitial nephritis. oma, Sarcoma, etc., of..... (name origin; "Canby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." linjury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-acciis less definite; avoid use of "Tumor" for malig The contributory (secondary or intercurrent) tctanus) may be stated under the head "Scnile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of



ated EXACTLY. PHYSICIANS should state Exact statement of OCCUPATION is very PERMANENT stated EXACTLY. 4 IS should THIS AGE UNFADING INKcarefully supplied, so that It PLAINLY, WITH be See instructions on back Item of information should E OF DEATH in plain terms WRITE

properly classified.

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CAUSE OF

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No. 1.

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Important.

of certificate.

PARENT

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RECORD

6 DATE OF BIRTH

BOCCUPATION

(a) Trade, profession, or particular kind of work.....

(b) General nature of indus business, or establishmen

which employed (or employ

9 BIRTHPLACE (State or country)

14 THE ABOVE IS TRE

(Informant)

TAGE

1 PLACE OF DEATH Viilage or City (No..... PERSONAL 3 SEX 4 c

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.;....Ward)

fif death occurred in a hospital or institution, give its NAME instead of street and number.]

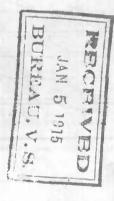
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
rale White Single, MARRIEO, WIGOWED, ORDIVORCED (Write the word)	(Month) (Day (Year)  17 I HEREBY CERTIFY, That I attended deceased from
TE OF BIRTH  (Month) (Day (Year)	thet I last saw h alive on
(Month) (Day (Year)    E	and that death occurred on the date stated above, at
Trade, profession, or Draughtsman	no attending Physican
General nature of industry, less, or establishment in h employed (or employer)	(Duration) yrs mus us.
State or country) California	Secondary (Boration) yrs mos ds
10 NAME OF Harry Co. Loved	(Signed) Alfred Wilson; Coronas.
11 BIRTHPLACE OF FATHER (State or country)  Llinois	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENT
12 MAIDEN NAME Yrieda Clemens	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
OF MOTHER (State or country) Dermany	At place in the of death yrs mos ds State yrs mos ds Where was disease contracted,
Informant) - Lewents Sous	It not at place of death?  Former or  usuat residence.
(Address) Washington 10.6.	Rock bruk ben, Mash Loc Dec. 31st, 1914
12/3/,1914 John X. Veers REGISTRAR	J. T. Colements' Sous Wash. D. C.
If more blanks are needed, address State Regis	rar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

ait should be used only when necded. should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the honsehold only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. ijaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the nisease Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-(it) Spinner, (b) Cotton mill; (a) Salesman, the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursnits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never Farmer (retired 6 yrs.), For persons rcturn "Laborer," If the occupation has As examples: "Forcman," (6)

Statement of cause of death—Name, first, the nisease causing neath (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Corchrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pnenmonia," unqualified, is indefinite): Tubercutsis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic injury, as fracture of sknll, and consequences (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICINAL, OF HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was nudertakeu. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Agc," "Shock," "Uraemia," "Weakness," "Heart failure," "Hacmorrhage," "Inanition," "Marasgenital," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: affection need not be stated nnless important. valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of..... (uame origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciis less definite; avoid use of "Inmor" for malig-The contributory tctanus) may be stated under the head Modelos (disease causing "Scnile," etc.), "Dropsy," (Recommendations on statement of (secondary or intercurrent) death), 29 ds.; "Exhanstion," For vio-



### FOR BINDING RESERVED MARGIN

S. No. 1.

iated EXACTLY. PHYSICIANS should state Exact statement of OCCUPATION is very A PERMANENT RECORD stated EXACTLY. UNFADING INK-THIS IS WRITE PLAINLY, WITH Every Item CAUSE OF Important. S

carefully supplied. AGE should be si that it may be properly classified. certificate. See Instructions on back of

PLACE OF DEATH 13740 Village or City (No ...

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration	Diet	No	219
Registration	Dist,	140	

_S	t .:	1	Na	rd)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

		Jo ( 1	×	1	M.	1
2FULL	NAME	Turant	0	JIM	PD NAC	W

-FULL NAME	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE MARRIEO, WIDOWEO, ORDIVORCED (Write the word)	(Month) (Day (Year)
Mouth) (Day (Year)	that I last saw h this on
7 AGE   If LESS than 1 day, Q. hrs. OR. Omlo. ?	and that death occurred on the date stated above, at
B OCCUPATION (a) Trade, profession, or particular kind of work	Stillern
(b) General nature of industry, business, or establishment in which employed (or employer)	(Ouration)yrsmosds.
9 BIRTHPLACE (State or country) Moule, b. Md.	Contributory Secondary (Duration) yrs mos ds.  (Signed) , M. D.
11 BIRTHPLACE OF FATHER (State or country)  12 Maintenance OF MOTHER OF MOTHER	*State the DISEASE CAUSING DEATH, OF, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL,
OF MOTHER  13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR MOSPITALS, INSTITUTIONS, TRANSIENTS, or Recent Residents)  At place in the of deathyrs,mos,ds
(Informant)	Where was disease contracted, If not at piace of death?  Former or osual residence
(Address) Coloniac Mid.	PATE OF BURIAL OF REMOVAL PATE OF BURIAL ST., 191
Filed Wee. 8, 1917 Certificant - REGISTRAR	James Frank

If more blanks are needed, address State Registrar, 6 E. Franklin St., Baito., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers mine, etc. statement. who have no occupation whatever, write Nonc. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Groeery; (a) Foreman, (b) Automobile factory. additional live is provided for the latter statement; it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. (a) Spinner, first line will be sufficient, e. g., Farmer or Planter, tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are eugaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, (b) If the occupation has "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing defection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) \*Typhoid fever (never report "Typhoid disease); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereulesis of lungs, meninges, peritonaeum, etc., Carcin-

ample: Measles (discase causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Can-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgeuital," "Senile," etc.), "Dropsy," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemla" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Aecidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. For vrois less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from (Recommendations on statement of "Exhaustion,"



V. S. No. 1.

N. B.-

Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very Important. See instructions on back of certificate. PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.;....Ward)

[If death occurred in a hospital or institution,

	FULL NAME Louis Gray	give its NAME Instead of streef and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
351	Colond Single, Married, Widowed, Orbivorced (Write the word)	16 DATE OF DEATH (Month) (Day (Year)
8 D/	May 12, 1556  Month) (Day (Year)	17 I HEREBY CERTIFY, That I attended deceased from
TAC	5-8 yrs 5-mos 2 ds 0R min.?	and that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows:
(a) par (b)	CCUPATION  Trade, profession, or  ticular kind of work  General nature of industry, lness, or establishment in	(Duration) yrs mos ds
-	ch employed (or employer)  RTHPLACE (State or country)  10 NAME OF FATHER  1 My (3) and	Contributory Secondary  (Duration) yrs mos ds.  (Signed) Buy M.D.
ARENTS	11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from Violent CAUSES, state (1) MEANS OF INJURY; and (2) Whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
Δ.	13 BIRTHPLACE OF MOTHER (State or country) THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the ot death yrs mos ds. State yrs mos ds  Where was disease contracted,
	(Intermant) Refert Groy	Former or usual residence
15 Fli	ed Dee 20, 1914 Posed	19 PLACE OF BURIAL OR REMOVAL  Montgs. Chaffle  20 UNDERTAKER  ADDRESS  Hydratos
	If more blanks are needed, address State Regis	strar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

it should be used only when needed. As examples: Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. cated thus: CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speci-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the disease who receive a definite salary), may be entered as (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, (a) the kind of work and also (b) Farmer or Planter, "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

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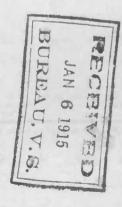
### 1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No. 2/2 Ilt death occurred in St.: Ward) a hospital or institution. give its NAME instead of street and number. ] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 5 SINGLE. DATE OF DEATH 4 COLOR OR RACE MARRIED, WIDOWED. (Month) (Dav ORDIVORCED (Write the word) I HEREBY CERTIFY. That I attended deceased from DATE OF BIRTH (Year) (Month) (Day TAGE If LESS than and that death occurred on the date stated above, at 1 day. hrs. OR ..... min. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer) ..... Contributory..... 9 BIRTHPLACE Secondary (State or country) 10 NAME OF FATHER (Signed) ARENTS 11 BIRTHPLACE 2(Address). OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) of death \_\_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_ ds. State ... Where was disease contracted. 14 THE ABOVE IS TRUE TO MY KNOWLEDGE If not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No.

[Approved by U. S. Census and American Public Health Association.]

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ctc. The contributory (secondary or intercurrent) valvular heart disease; Chronic interstitial nephritis, mant neoplasms); Mcastes; Whooping cough; Chronic ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably which surgical operation was undertakeu. mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichac etc., when a defiuite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart fallure," "Haemorrhage," "Inanition," "Marasgeuital," "Senile," etc.), "Dropsy," "Collapse," "Coma," "Couvulsions," "Debility" ("Contheuia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronehopneumonia (secondary), 10 ds. Never report affection used not be stated unless important. oma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." (Recommendations ou statement of sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if Impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as is less defiuite; avoid use of "Tumor" for malig-Always qualify all diseases resulting from Mcasles (disease causing death), 29 ds.; "Exhaustion," For vio-



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RECORD PERMANENT EXACTLY. stated 4 pe S pinous UNFADING INK-THIS AGE supplied. carefully PLAINLY, WITH pe should of Information WRITE Every Item CAUSE OF

### state Very PHYSICIANS should of OCCUPATION IS statement Exact classified. properly pe msy of certificate. that It 80 See instructions on back terms. plain DEATH in mportant.

PLACE OF DEATH County Village or City <sup>2</sup>FULL NAME PERSONAL AND STATISTICAL PARTICULARS 3 SEX DATE OF BIRTH (Month TAGE BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in

which employed (or employer)

9 BIRTHPLACE (State or country)

10 NAME OF FATHER

11 BIRTHPLACE

13 BIRTHPLACE OF MOTHER (State or country)

(Address)

OF MOTHER

OF FATHER (State or country) 12 MAIDEN NAME

21 1915 Mus.

PARENTS

15



(Year)

It LESS than

1 day hrs. OR ..... mio. ?

REGISTRAR

If more blanks are needed address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

5 BINGLE. MARRIED.

WIDOWED. ORDIVORCED (Write the word)

(Day

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

If death accurred in

St.; Ward)  a hospital or lostitut give its NAME insi of street and numbe	
MEDICAL CERTIFICATE	OF DEATH
16 DATE OF DEATH LLC (Month)	28 , 1914 (Day (Year)
17 I HEREBY CERTIFY, Tha	t I attended deceased fro
that I last saw h Man alive on	LC 26 ,191
and that death occurred on the date state The CAUSE Of DEATH* was as follows  Among many recomm	: 11
Contributory Secondary	2 yrs
(Doration) .	yrs mos
*State the DISEASE CAUSING DEATH, CAUSES, state (1) MEANS OF INJURY; TAL, SUICIDAL, OF HOMICIDAL.	
18 LENGTH OF RESIDENCE (FOR MOSPITAL OR RECENT RESIDENTS) At place to the	LS, INSTITUTIONS, TRANSIENT
19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL  Dec 30, 1914
20 UNDERTAKER  B. P. T. L.	ADDRESS AND PROPERTY OF THE PR

[Approved by U. S. Census and American Public Health Association.]

(a) Spinner, (b) Cotton mill; (a) Salesman, who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease who receive a definite salary), may be entered as mine, ctc. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupatious a single word or term on the applies to each aud every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

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No. 1. **20**2

N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD PERMANENT 4 WRITE PLAINLY, WITH UNFADING INK-THIS IS

notes:	
PLAGE OF DEATH 13744	STATE OF MARYLAND
County Mentgomery	CERTIFICATE OF DEATH
Gounty	Registered No. 2/13
P 1 in	
Villags or City Mockville (No	give its NAME instead
FULL NAME Emma Lavinia	Heyl of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE,	18 DATE OF DEATH Desember 13 1014.
y WIDOWED Wordowed	(Month) (Day) (Year)
Terrile Mule (Write the word)	17 I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH	γ · · · · · · · · · · · · · · · · · · ·
114 11	June 6 , 1914, to Dec. 13 , 1914,
(Month) (Day) (Year)	that I last saw h. L. alive on Sec. 13 ,1914
(110)	
7.00	and that death occurred on the date stated above, at 2,00 km,
78 yrs. 2 mos. 27 ds. OR min.?	The CAUSE OF DEATH* was as follows:
	Timo- Musis &
6 OCCUPATION	
(a) Frade, protession, or Afric	1
(b) General nature of industry,	
business, or establishment in	(Duration) yrs. mos. ds.
which employed (or employer)	Marchene
9 BIRTHPLACE (State or country)	(Secondary)
(State or country) Puladelphia. Penn.	(Ooration) 20 yrs mos ds.
10 NAME OF 1/2 C	(ourany) A yrs and s
FATHER ALLEN HE MAN	(Signed) 6 . L. M. D.
Manens IV. Meene	Dec. 14, 191 4 (Address) Rockerlle, Mid
11 BIRTHPLACE	
OF FATHER (State or country) Portland, Moine	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-
E 12 MAIDEN NAME	TAL, SUICIDAL, OF HOMICIDAL
of MOTHER Mary 6. Juskey	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS.
13 BIRTHPLACE	OR RECENT RESIDENTS)
OF MOTHER (State or country) Philadelphia, Pa	At place of death yrs. 6 mos. 7 ds. State yrs. 6 mos. 7 ds.
	Where was disease contracted 2/
14 THE ABOVE 19 TRUE TO THE BEST OF MY KNOWLEDGE	it not at place of death? Washington, D. C.
The tell togg -	Former or Mach to 1
(Intermant)	usual residence // askington, a. C.
(Address) 2812 Ceeler Chal Leve	19 PLACE OF BURIAL OF REMOVAL DATE OF BURIAL
19 Continues	o mit Con Calmation Ca Dec 15, 1914
16	20 UN DERTAKER ADDRESS / A
Filed	The state of the s
REGISTRAR	1470 mylder & Jos misula la

If more blanks are needed, address State Registrar, 6 E. Franklin Sty, Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). For persons who have no occupation whatever, write None. (a) Spinner, (b) Cotton mill; (a) applies to each and every person, irrespective of age CAUSING DEATH, state occupation at beginning of ilibeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, should be taken to report specifically the occupations gainfully employed, as At school or At home. mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer—Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necl'hysician, Compositor, Architect, Locomotive engineer first line will be sufficient, e. g., For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative heaithful-Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as Civil engineer, Stationary fireman, etc. Statement of occupation-Precise statement of occupa If retired from business, that fact may be indi-Never return "Laborer," Farmer or Planter, Salesman, As examples: But in many "Foreman,"

Statement of cause of death—Name, first, the dibease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Gerchrospinal fever (the only definite synonym is "Epidemic cere-trospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

genital," sepsis, tetanus) may be stated under the head dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Puenperal septichaeetc., when a definite disease can be ascertained as the mus," "Oid Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Coliapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 de.; valvular heart disease; Ohronic interstitial nephritis nant neopiasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for malleture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skuli, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJUSY and qualify as which surgical operation was undertaken. mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. oma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) Aiways qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Can-State cause for Examples: For VIO-



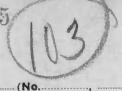
No.

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PHYSICIANS should state of OCCUPATION Is very PERMANENT RECORD classified. Exact statement should be stated EXACTLY. WRITE PLAINLY, WITH UNFADING INK-THIS properly AGE carefully supplied. See instructions on back of should be of Information s CAUSE OF I PLACE OF DEATH 13745



### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 2 2/

St.; Ward)

[If deeth occurred in a hospital or institution, give its NAME Instead of street and number.]

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Generale Hile (Witorace)  Generale Hile (Witorace)  (Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH  Cong. 20, 18.3  (Month) (Day) (Yeal)	that I fact and the day to the day of the da
76 yrs. 4 mos. 6 ds. ORmin	ITS. The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trede, profession, or Particular kind of work	enfubed theart
(b) General nature of industry, business, or establishment in which employed (or employer)	(Duration) yrs. mos. 6 ds
9 BIRTHPLACE (State or country) Make	(Secondary)  (Buration) yrs mos ds
10 NAME OF Efbram Hoye-	(Signed) Les. M. Bager, M. D
11 BIRTHPLACE OF FATHER (State or country)  M	*State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT
12 MAIDEN NAME OF MOTHER achia Poole	CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.  16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS
13 BIRTHPLACE OF MOTHER (State or country)  Md.	At place in the of death yrs mos ds. State yrs mos ds
(Informant) Sally Holland	Where wes disease contracted, If not et place of death?  Former or usual residence.
(Address) Damesons Md.	Damascus Cemelery Dec 29 1914
Filed	B. H. Bowmen M. airy M.

If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

It should be used only when needed. additional line is provided for the latter statement; Grocery; (a) Foreman, (b) Automobile factory. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, pot who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-('oal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second the nature of the business or industy; and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. mine, etc. (a) Spinner, essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salcsman, As examples: For persons "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to thine and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia unqualified, is iddefinite); Tuberculosis of lungs, meninges, pertionaeum, etc.. Carcin-

mus," "Old Age," "Shock," "Traemla," "Weakness," ample: Measles (disease causing death), 29 ture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." sepsis, totanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acctsuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPEBAL peritonitis," etc. childbirth or miscarriage. as "Purreman scottichaeetc., when a definite disease can be ascertained as the -Hart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mure symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of is less definite; avoid use of "Tumor" for malig The contributory (secondary or Intercurrent Always qualify all diseases resulting from "Senile." etc.), "Dropsy," (Recommendations on statement of (name origin; "Can-State cause for "Exhaustion," Examples:



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state very should OCCUPATION PHYSICIANS RECORD 0 Exact statement PERMANENT EXACTLY. stated classified. 4 pluode THIS properly AGE UNFADING INKsupplied. certificate. carefully that 00 PLAINLY, WITH See instructions on back pinous of information WRITE Item CAUSE OF Important. 1 PLACE OF DEATH nontgomery

PERSONAL AND STATISTICAL PARTICUL

(Month)

which employed (or employer) -----

5 SINGLE, MARRIED,

2FULL NAME

DATE OF BIRTH

BOCCUPATION (a) Trade, protession, or

particular kind of work

9 BIRTHPLACE (State or country)

10 NAME OF FATHER

11 BIRTHPLACE

12 MAIDEN NAME

13 BIRTHPLACE OF MOTHER (State or coun

(Address'

OF FATHER (State or country)

(b) General nature of Industry, business, or establishment in

TAGE

PARENTS

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Filed.

4 COLOR

### STATE OF MARYLAND CEDTICICATE OF DEATH

4	CERTIFICATE (	0 / 2
1.	Registration Di	tst. No. 2/3
ne (no. Infan	t Johnson	[It death occurred in a hospital or institution, give its NAME instead of street and number.]
L PARTICULARS	MEDICAL CERTIFICATE	OF DEATH
SINGLE, MARRIED, WIDOWED, WIDOWED, WIDOWED, WITH the word	(Month)  16 DATE OF DEATH  (Month)  17 I HEREBY CERTIFY. That	(Lay (Year)
c. 7,914	that I last saw h alive on	
(Day (Year)  If LESS than 1 day,hrs.  ORmin.?	and that death occurred on the date state The CAUSE OF DEATH* was as follows:	ed above, atm
	Still- 18	Born
1d. Johnson	Secondary	yrs mos ds
ria.	*State the Disease Causing Death, Causes, state (1) Means Of Injury; Tal, Suicidal, or Homicidal.	
nd.)  of My KNOVLEDGE  of hyson	18 LENGTH OF RESIDENCE (FOR HOSPITAL OR RECENT RESIDENTS) At place to the ot death yrs mos ds. State Where was disease contracted, If not at place of death? Former or usual residence.	yrs, ds
CRFD.	19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
The state of the s	20 UNDERTAKER	ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Batto., Requesting V. S. No. 1.

REGISTRAR

# REVISED UNITED STATES STANDARD 3 DATE 3-19-15

### CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

"Manager," "Dealer," etc., without more precise specishould be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers minc, etc. statement. Never return "Laborer," additional line is provided for the latter statement; the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. who have no occupation whatever, write Nonc. eated thus: causing death, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when needed. As examples: essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nee-Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Farmer (retired 6 yrs.) For persous The question "Foreman,"

lesis of lungs, meninges, peritonaeum, etc., Carcinpneumonia"); Lobar pneumonia; Bronchopneumonia brosphal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid term for the same disease. Examples: Cercbrospinal time and eausatlou), using aiways the same accepted causing death (the primary affection with respect to ("Pneumouia," unqualified, is indefinite): Tubercufever (the only definite synonym is "Epidemie ecre-Statement of cause of death-Name, first, the DISEASE

> valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Meastes; Whooping cough; Chronic LENT DEATHS state MEANS OF INJURY and qualify as themia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal couditions, such as "Aseer" is less definite; avoid use of "Tumor" for maiigoma, Sarcoma, etc., of...... (name origin; "Caneanse of death approved by Committee on Nomenelainjury, as fracture of skuli, and consequences (e. g., such, if impossible to determine definitely. Examples: Accidental, suicidal, or homicidal, or as probably mia," "PUERPERAL peritonitis," childbirth or misearriage as "Puerperal septichaeete., when a defiuite disease can be ascertained as the nus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanitlon," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (seeondary), 10 ds. affection need not be stated unless important. "Contributory." sepsis, tetanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. ture of the American Medical Association.) The contributory (secondary or intercurrent) Always qualify all diseases resulting from Meastes (disease eausing death), 29 ds.; "Semile," etc.), (Recommendations on statement of "Dropsy," "Exhaustiou," ete. State eause for Never report For vio-

ence. All the data is essential and must be obtained before tions answered in detail, it will prevent further correspondthe certificate is permanently filed. If this certificate is looked over thoroughly and all ques-



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### PHYSICIANS should state OCCUPATION IS RECORD ō statement PERMANENT EXACTLY. stated classified. pinous SIHL properly AGE INK supplied. may be UNFADING certificate. carefully that It 80 of WITH pe piain terms, a should See Instructions of information DEATH In WRITE Every Item CAUSE OF Important. S

12 MAIDEN NAMES OF MOTHER

OF MOTHER (State or country)

(Address).....

13 BIRTHPLACE

14THE ABOVE IS TRU

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Very

1 PLACE OF DEATH Village or City PERSONAL AND STATISTICAL PARTICULARS 5 SINGLE, 3 SEX 4 COLOR OR RACE MARRIED. WIDDWED, (Write the word) 6 DATE OF BIRTH (Month) (Day) If LESS than TAGE 1 day ..... hrs. SOCCUPATION (a) Trade, profession, er particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) ..... <sup>9</sup> BIRTHPLACE (State or country) 10 NAME OF 11 BIRTHPLACE OF FATHER (State or country) ARENTS

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No ...

fif death occurred in St .: Ward)

ADDRESS

a hospital or institution, give its NAME Instead of street and number. ?

MEDIC	AL CERTIFICATE OF	DEATH	
18 DATE OF DEATH	WEC. (Month)	6 - (Day)	-, 1914 (Year)
17 I HERI	EBY CERTIFY, That I	attended de	ceased from
***************************************	., 191, to	*****************	, 191
that I last saw h			
and that death occurre	d on the date stated	above, st	n
The CAUSE OF DEATI	H* was ss follows:		
		111141	
$\mathcal{C}_{\mathcal{C}}$	Lolin		
M 0 0 0 0 0 1 0 0 0 0 0 0 0 0 0 0 0 0 0	(Duration)	yrs	10sd
Contributory(Secondary)		***************	
	6 (Omister)		
7	(Duration)	yrs	0020
(Signed)	(Address) Blan		, M. (
, 191	(Address) Bun	usvel	G. Illo
*State the DISEASE	CAUSING DEATH; or, I	n deaths from	n VIOLENT
18 LENGTH OF RESIDE		NSTITUTIONS	TRANSIENT
OR RECENT RESIDENT	s) In the	1	THAN GIENT
of death yrs m	os ds. State	yrs,	mes ds
Where was discuss andreader	A CONTRACTOR OF THE CONTRACTOR	4	
If not at place of death?	\$penpapengagagagagagagagagagagagagagagagagagaga	, 2-	
		100 S O A 100 L	***********
19 PLACE OF BURIAL	OR REMOVAL	DATE OF B	URIAL
7-1-00 1	D= 7 P. Mull		191

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

20 UNDERTAKER

[Approved by U. S. Census and American Public Health Association.]

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Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing disease in a frection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonla"); Lobar pneumonia; Bronchopneumonia ("Pneumonla," unqualified, is indefinite); Tubercubosis of lungs, meninges, peritonaeum, etc.. Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencia scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "PUERPERAL septichae etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemla," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "An "Contributory." Accidental drowning; Struck by railroay train—acci-Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic er" is less definite; avoid use of "Tumor" for mailg oma. Surcoma. etc., of ... The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," (Recommendations on statement of (name origin; "Can death), 29 ds. State cause for "Exhaustion," Never report Examples:

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED
AUG 6 1915
BUREAU,V.S.

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state Very of OCCUPATION IS RECORD PERMANENT EXACTLY. stated properly classified. 4 pe UNFADING INK-THIS 1S should AGE carefully supplied. pe may certificate. that it 80 ō PLAINLY, WITH pe See Instructions on back plain terms, should Information DEATH In WRITE ō CAUSE OF Important. m ż

(Address

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Flied

13746 1 PLACE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR-OR RACE 5 SINGLE. MARRIED. WIDOWED. ORDIVORCED (Write the word) DATE OF BIRTH (Mouth) (Day TAGE BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General neture of industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) PARENTS 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

Ilf deeth occurred la

NAME BUTTON CATTON	a nospitel of institution, give its NAME instead of street and nomber.]
AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
COLOROR RACE  SINGLE,  MARRIED,  WIDOWED,  OR DIVORCED  (Write the word)	16 DATE OF DEATH  One 29 (Month)  (Day (Year)  17 A I HEREBY CERTIFY. That I attended deceased from
(Mgath) (Day (Year)  (Mgath) (Day (Year)  if LESS than 1 day, hrs. OR min.?	that I last saw here alive on all 2 2 3 1914 and that death occurred on the date stated above, at 5 a m.  The CAUSE OF DEATH* was as follows:
Stry, int in yer)  AC  As H Butter	(Duration) yrs mos ds.  Contributory Secondary  (Doration) yrs mos ds.  (Signed) A A A A A A A A A A A A A A A A A A A
The Physical Prost  Intry)  Out To THE BEST OF MY KNOWLEDGE  The Description of the prosecution of the prose	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.  15 LENGTH OF RESIDENCE (FOR HOSPITALE, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of deeth
,191 REGISTRAR  If more blanks are needed, address State Regist	19 PLACE OF BURIAL OR REMOVAL  AND

[Approved by U. S. Census and American Public Health Association.]

Grocery; (a) Foreman, (b) Automobile factory. The statement. material worked on may form part of the second cated thus: Farmer (retired 6 yrs.) For persons Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestie service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speciit should be used only when needed. As examples: the nature of the business or industry, and therefore an who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease gainfully employed, as At school or At home. Housewife, Housework, or At Home, and ehildren, not who receive a definite salary), may be entered as minc, etc. (a) Spinner, (b) Cotton mill; (a) Salesman, additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, portionacum, etc., Carcin-

injury, as fracture of skull, and consequences (e. g., scpsis, tetanus) may be stated under the head of mere symptoms or terminal conditions, such as "Asture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puenrenal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal scptichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic eer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease eausing death), 29 ds.; "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," Never report



V. S. No. 1.

Lee. 25

101 4 Mrs.

### RECORD PERMANENT UNFADING PLAINLY WRITE

Very state PHYSICIANS should of OCCUPATION IS statement classified. properly supplied. pe may certificate. 80 90 terms, n back 60 plain Instructions = EATH See 0 OF Every Item CAUSE OF Important.

STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No. It deeth occurred in Ward) a hospital or institution. give its NAME lostead ot street and number.] **2FULL NAME** PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 18 DATE OF DEATH 4 CODOR OF RACE 5 SINGLE. MARRIED. 191 WIDOWED, ORDIVORCED (Write the word) (Month) (Day (Year) I HEREBY CERTIFY, That I attended decessed from DATE OF BIRTH (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above 1 day, .....hrs. The CAUSE OF DEATH \* was as follows: OR ..... 7 BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry. business, or establishment in (Duration) which employed (or employer) ...... 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER (Signed) ARENTS 11 BIRTHPLACE (Address) OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) ot death \_\_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_ State \_\_\_\_\_ yrs. \_\_\_\_ mos. Where was disease confracted. 14 THE ABOVE IS OF If not at place of death?-Former or (Intormant) usual residence OF BURIAL OR REMOVAL (Address) ---DATE OF BURIAL 00 16

If more blanks are noticed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

ADDRESS.

[Approved by U. S. Censns and American Public Health Association.]

(a) Spinner, Grocery; (a) Foreman, (b) Automobile factory. statement. material worked on may form part of the second fication as Day laborer, Farm laborer, Laborer-Coal it should be used only when needed. As examples: the nature of the business or industry, and therefore an who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the "Manager," "Dealer," etc., without more precise speciadditional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits ean be known. The question Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," (b) Cotton mill; (a) Salesman, "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death of the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia,") unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

mus," "Old Age," "Shock," "Uraemla," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," sepsis, tetanus) may be stated under the head of mia," "Puerperal peritonitie," etc. State eause for childbirth or misearriage as "Puerperal septichaegenital," "Sentle," etc.), "Dropsy," mere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstitial nephritis aant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of ...... (name origin; "Canture of the American Medical Association.) eause of death approved by Committee on Nomenela-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Aecidental drowning; Struck by railway train-aecisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. The contributory Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) "Exhaustion,"



S. No. 1.

UNFADING INK-THIS IS A PERMANENT RECORD of information should be carefully supplied. AGE should be stated EXACTLY. I DEATH in plain terms, so that it may be properly classified. Exact statement See instructions on back of certificate. WRITE PLAINLY, WITH N. B.—Every item of information should be CAUSE OF DEATH in plain terms, so important. See instructions on back of

PHYSICIANS should state of OCCUPATION Is very

13748 1 PLACE OF DEATH Village or City Redland



### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 218

St.;....Ward)

[if death occurred to a hospital or institution. give its NAME instead ot street and number.]

2 FULL NAME maria W m	nagnaly of street and number.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL GERTIFICATE OF DEATH
Permale 4 COLOR OR RAGE 5 SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH Was 7 ,191 (Month) (Day (Year)
OATE OF BIRTH  (Month)  (Day  (Year)  7 AGE  If LESS thon 1 doy,	that I list saw had alive on the date stated above, at 7 and that death occurred on the date stated above, at 7 and The GAUSE OF DEATH* was as follows:
S OCCUPATION  (a) Trade, protession, or particulor kind of work  (b) General nature of industry, business, or establishment in which employed (or employer)	(Ouration) yrs mos 6 ds
9 BIRTHPLACE (State or country)  10 NAME OF FATHER Bradly Magnature  11 BIRTHPLACE OF FATHER (State or country)  W W W W W W W W W W W W W W W W W W W	Contributory Secondary  (Ouration) 3 yrs mos ds.  (Signed) 6. 7. 6 tohan , M. 6.  Die 7 ,1914 (Address) Mathia Ling 2 Ag  *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)  15 Magnity  16 Magnity	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At pioce In the of death #10 yrs. mos. ds. Stote #10 yrs. mos. ds  Where was disease contracted, If not at piace of death?  Former or
(Address) During R. P. D my  16  Filed Die 7, 1944 C.D. Externing Mill REGISTRAR	19 PLACE OF BURIAL OR REMOVAL  ROCKULL  20 UNDERTAKER  W.R. Purply & Son  Cochrill  Mochrill  Manner Cochrill  Rockull  Rockull

[Approved by U. S. Census and American Public Health Association.]

: Grocery; (a) Foreman, (b) Automobile factory. statement. duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specithe nature of the business or industry, and therefore an should be taken to report specifically the occupations Housewife, Housework, or At Home, and ebildren, not fication as Day laborer, Farm laborer, Laborer-Coal cases, especially in industrial employments, it is necwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. who receive a definite salary), may be entered as mine, etc. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulbeen changed or given up on account of the disease Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucsis of lungs, meminges, peritonaeum, etc., Carcin-

thenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic eer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Can injury, as fracture of skull, and consequences (e. g., ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septiehaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Sbock," "Uraemia," "Weakness," "Heart failurc," "Hacmorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of deatb), 29 ds.; "Exhaustion," Never report For vio-Ex-



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WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS shoul CAUSE OF DEATH in plain terms, so that It may be properly classified. Exact statement of OCCUPATION important. See instructions on back of certificate.
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### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

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fit death occurred in a hospital or institution, give its NAME Instead ot street and number.]

2FULL NAME

PLACE OF DEATH

Manuel

MEDICAL CERTIFICATE	OF DEATH
16 DATE OF DEATH (Month)	C. 12, 1914 (Day (Year)
17 I HEREBY CERTIFY, That	I attended deceased from
, 191, to	, 191
that I last saw hallye on	
and that death occurred on the date state The CAUSE OF DEATH* was as follows:	
Still-1	Born
(Duration)	yrsmosds.
Contributory Secondary	A.
(Signed) Ohe Swith Coc	kerille md
*State the DISEASE CAUSING DEATH, CAUSES, state (1) MEANS OF INJURY; TAL, SUICIDAL, OF HOMICIDAL.	or, in deaths from VIOLENT and (2) whether Acciden-
18 LENGTH OF RESIDENCE (FOR HOSPITAL OR RECENT RESIDENTS) At place in the of death yrs mos ds. State Where was disease contracted, if not at place of death? Former or usual residence.	yrs ds
19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
4	
30 UNDERTAKER	ADDRESS

PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED. WIDOWED, ORDIVORCED (Write the word) 6 DATE OF BIRTH (Month) (Day (Year) TAGE If LESS than 1 day ......hrs. OR ..... min. ? 8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry. business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER PARENTS 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS 15

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

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lesis of lungs, meninges, peritonaeum, etc., Carcinpneumonia"); Lobar pneumonia; Bronchopneumonia time and causation), using always the same accepted ("Pneumonia," "Croup";) brosphual meningitis"); Diphtheria (avoid use of causing death (the primary affection with respect to fever (the only definite synonym is "Epidemie eere term for the same disease. Examples: Cerebrospinal Statement of cause of death-Name, first, the disease Typhoid fever (never report "Typhoid unqualified, is indefinite): Tubercu-

> nant neoplasms); Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, eer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Caninjury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably mia," "Puerperal perilonitis," etc. State cause for childbirth or misearriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakuess," "Heart failure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatie), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. ture of the American Medical Association.) cause of leath approved by Committee on Nomenela. "Contributory." by carbolic acid-probably suicide. The nature of the LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. cause. Always qualify all diseases resulting from "Collapse," "Coma," "Couvulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. dent; Revolver reound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-The contributory (seeoudary or intercurrent) tctanus) may be stated under the head of Measles (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of Never report For vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before

the certificate is permanently filed.



V. S. No. 1.

N. B.-

Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very Important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

13749 1 PLACE OF DEATH



### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 210

St.;----Ward)

[If death occurred in a hospital or institution, give its NAME instead of streef and nomber.]

PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH			
3 SE	MARRIED, Manuard	16 DATE OF DEATH	DEC (Month)	2.8	, 191 -
	water france (Write the word)	17 I HERE	BY CERTIFY, That		-
5 D/	TE OF BIRTH	DECZZ	1011/4 N-3	2 28	101.17
	(Month) (Day (Year)	that I last saw h. 1.131	,		
7 A C		and that death occurred	l on the date efeter	above at 11	30 am
	36 yrs 10 mos 0 ds 0 mn. ?	The CAUSE OF DEATH	* was as follows:	-12	
	CCUPATION	······································	cusful 2	ussupe	reucy
	Trade, profession, or flourist kind of work.	·····	11200	<u> </u>	
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busi	ness, or establishment in decident			yrsm	
-	th employed (or employer)	Contributory 10	10 4 "		-
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	10 NAME OF Rabert Bo maxley	(Signed) 277	-de	yrs	108ds.
SINE	11 BIRTHPLACE OF FATHER (State or country) Many laced	*State the DISEASE CAUSES, state (1) My			
ARE	12 MAIDEN NAME 0 0 7	TAL, SUICIDAL, OF HOM	EANS OF INJURY; a	nd (2) whether	er Acciden-
d	OF MOTHER Lusam & Baken	18 LENGTH OF RESIDE	NCE (FOR HOSPITALS	INSTITUTIONS.	TRANSIENTS
	13 BIRTHPLACE OF MOTHER (State or country)  Manyland	OR RECENT RESIDENTS At place of death yrs me	in the		
14 T	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted if not af place of death?	1,		
(	informant) Alvia a. Mayle	Former or usual residence			
16	(Address) Per ainy Ind	Montgomes		DATE OF BU	
	1 x2e 28, 1914 V/ Dyson	20 UNDERTAKER BW Bowma		ADDRESS	. 191

[Approved by U. S. Census and American Public Health Association.]

mine, etc. Women at home, who are engaged in the cated thus: Farmer (retired 6 yrs.) For persons been changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-CAUSING DEATH, state occupation at beginning of ill-(a) Spinner, (b) Cotton mill; (a) Salesman, For many occupations a single word or term on the who have no occupation whatever, write None. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) "Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculests of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Cancause of death approved by Committee on Nomencla-"Contributory." (Recommendations on statement of sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal scotichaccause. Always qualify all diseases resulting from ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronehopneumonia (secondary), 10 ds. Never report ample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. ture of the American Medical Association.) dent; Revolver wound of head-homicide; Poisoned The contributory (secondary or intercurrent)



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1 PLACE OF DEATH	13750
County Montgomery	-1971
Village or City Maraton	(No,
FULL NAME SAM	of mullekin.

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist, No. 222

.St.;....Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX	4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH /2 3 ,1914 (Month) (Day (Year)
DATE	OF BIRTH	I HEREBY CERTIFY, That I attended deceased from
	(Month) (Day (Year)	that I last saw h. 124 allve on
TAGE	It LESS that	
	1 day,hrs	The CAUSE OF DEATH* was as follows:
	7. yrs	- Solvai Preummia
	PATION le, profession, or	
particula	ar kind of work Jum dofors.	0 0000000000000000000000000000000000000
(b) Gene	eral nature of Industry, , or establishment in	
which on	nployed (or employer)	(Ouration) yrs. mos. & ds.
9 BIRTH	PLACE	Contributory
(Sta	ite or country)	Secondary
10	NAME OF	(Duration) yrs mos ds.
	FATHER /famas milliberi	(Signed) / 1 Och M. D.
SLN 11	BIRTHPLACE	12/31, 191 V (Address) Dandi Spring m
Z	OF FATHER (State or country)	
ARE 12	MAIDEN NAME	*State the DISEASE CAUSING DEATH, or, in Menths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
4	OF MOTHER Suller Walter	18 LENGTH OF RESIDENCE FOR HOSPITALS INSTITUTIONS TO
13	BIRTHPLACE OF MOTHER	OR RECENT RESIDENTS) At place
	(State or country) Maryland	ot death yrs mos ds. State yrs mos ds
4 THE	ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted,
(Inform	man Norman mail bai	If not at place of death?
(10101)	and I	Usoal residence.
	(Address) Theaten mo	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15		Lay (bil m) 12/4 1911
Filed	191	20 UNDERTAKER ADDRESS
s House	REGISTRAR	Di Pumphey Rockmen
	If more blanks are needed address State D	istrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

rit should be used only when needed. additional line is provided for the latter statement; (a) Spinner, (b) Cotton mill; (a) Salesman, should be taken to report specifically the occupations duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSINO DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. Women at home, who are engaged in the material worked on may form part of the second For many occupations a single word or term on the been changed or given up on account of the DISEASE Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," As examples: "Foreman," engincer. The (4)

Statement of cause of death—Name, first, the disease causino death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal" meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

affection need not be stated unless important. The ample: Meastes (disease causing death), 29 ds.; valvular heart discase; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic mia," "PUERPEBAL peritonitis," etc. cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal soptichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion, "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of State cause for Never report



UNFADING INK-THIS IS

of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very

certificate.

See instructions on back of

CAUSE OF Important. S

RECORD

PERMANENT

			· was
1 PLACE OF DE		3751	and I
County Moulgon	way		
Village or City Dic	el- Error		
Village of Gity	1210.	(NO	/

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 440

		Registration Dist, No.			
VI	11age or Gity Dick Erson (No.	and mouth let	[If death occurred la a hospital or Institution, give its NAME Instead of street and number.]		
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE	OF DEATH		
3 s	SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, Suighte MENOVOR WIDOWED + Mughe ORDIVORCED (Write the word)	16 DATE OF DEATH  (Month)	(Day (Year)		
6 0	(Month) (Day (Year)		t I attended deceased from		
TA	GE   If LESS than t day,hrs.	and that death occurred on the date state The CAUSE OF DEATH* was as follows: Miscarriage at the	ed above, at 5 Pm,		
(a pa (b bu	CCUPATION a) Trade, profession, or articular kind of work.  ) General nature of Industry, siness, or establishment in nich employed (or employer)	SEQ1 - 10	Birth mos. ds.		
_	(State or country) Mel	Gontributory Secondary	yrsmosds.		
ARENTS	11 BIRTHPLACE OF FATHER (State or country) I tale  12 MAIDEN NAME	(Signed) & M. White	cessille Md		
0.	13 BIRTHPLACE OF MOTHER (State or country)  1 Laly	18 LENGTH OF RESIDENCE (FOR HOSPITAL OR RECENT RESIDENTS) At place In the of death yrs. mos. ds. State			
14	(Informant) Silvio Albertai	Where was disease contracted, If not at place of death?————————————————————————————————————			
15	(Address) Dickersone Md	19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL		
FI	led Mee 19, 1914 XIM PEGISTERS	20 UNDERTAKER	ADDRESS		

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

Grocery; (a) Foreman, (b) Automobile factory. the nature of the business or industry, and therefore an who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second (a) Spinner, it should be used only when needed. As examples: additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first live will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each aud every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salesman, (0)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing defection with respect to time and causation), using always the same accepted term for the same disease. Examples: Ccrebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) "Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Tuerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaccause. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," thenia," "Anaemia" (mcrely symptomatie), "Atrophy," affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Can "Heart failure," "Hacmorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopucumonia (secondary), 10 ds. Never report is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing "Senile," etc.), "Dropsy," (Recommendations on statement of death), 29 ds.; "Exhaustion," For vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence all the cuta is essential and must be obtained before the certification by permanently filed.

Giol G WAL Bermanently

V. S. No. 1.

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### should is PHYSICIANS Shou RECORD PERMANENT EXACTLY. statem 4 classified. INK-THIS properly supplied. UNFADING may certificate. that jo WITH terms. should 60 PLAINLY, ATH in plain instructions o Information DEATH WRITE 50 Item 10 mportant. ш Every

state

PLACE OF DEATH 375 STATE OF MARYLAND CERTIFICATE OF DEATH County-Registration Dist, No. 2/3 Ilf death occurred is ....Ward) a hospital or Institution. give its NAME instead ot street and nomber.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX S SINGLE, 16 DATE OF DEATH 4 COLOR-OR RACE MARRIED, with 1914 WIDOWED. (Month) (Day (Year) ORDIVORCED (Write the word) I HEREBY CERTIFY. That I attended deceased from (Month) (Day (Year) TAGE It LESS than and that death occurred on the date stated above, at 1 day hrs. The CAUSE OF DEATH \* was as follows: OR ..... min. ? BOCCUPATION (a) Trade, protession, or particular kind of work (b) General nature of Industry. m22nn business, or establishment in which employed (or employer) -----9 BIRTHPLACE Contributory Secondary (State or country) 10 NAME OF FATHER PARENTS 11 BIRTHPLACE OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL, OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTA 13 BIRTHPLACE At place lo the OF MOTHER (State or country ot death \_\_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_ ds. Stale \_\_\_\_\_ yrs, \_\_\_\_ mos. Where was disease contracted. It not at place of death?. Former or usual residence PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

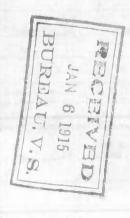
20 UNDERTAKER

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons gainfully employed, as At school or At home. mine, etc. Women at home, who are engaged in the the nature of the business or industry, and therefore an who have no occupation whatever, write None. ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Never return "Laborer," material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-"Foreman," (6)

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injury, as fracture of skull, and consequences (e. g., scpsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of mia," "Puerreral peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomenclaby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopncumonia (secondary), 10 ds. is less definite; avoid use of "Tumor" for mallg-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," "Exhaustion," Never report



PHYSICIANS shoul of OCCUPATION RECORD statement PERMANENT BINDING classified. UNFADING INK ESERV certificat 50 ARGIN WITH back See Instructions DEATH 6 Item OF mportant. ш Every

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1 PLACE OF DEA	TH	O Spiloto	CAT
County Maritger	nery	11	7
Village or City	en	(No.	AND THE PROPERTY OF
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### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 213

S1	•	Ward	4)

[it death occurred in a hospitel or institution, give its NAME instead of street and number.]

### Charles Erneer Ricker PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE. 4 COLOR OR RACE DATE OF DEATH MARRIED (Month) Write the word) DATE OF BIRTH (Day (Month) TAGE If LESS than and that death occurred on the date stated above, at 1 day hrs. The CAUSE OF DEATH\* was as follows: OR ..... min. ? BOCCUPATION (a) Trade, profession, or noue particular kind of work... (b) General nature of industry. business, or establishment in which employed (or employer) ..... BIRTHPLACE Contributory (State or country) Secondary 10 NAME OF FATHER 11 BIRTHPLACE PARENT OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS 13 BIRTHPLACE OF MOTHER (State or country) At place In the of death ...... yrs. ..... mos. ..... ds. State ..... yrs. \_\_ Where wes disease contracted. If not at piece of death? Former or usual residence 19 PLACE OF BURIAL 16

REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) the nature of the business or industry, and therefore an tion is very important, so that the relative healthful-"Manager," "Dealer," etc., without more precise speciadditional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Plantor, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question cated thus: Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal statement. who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as mine, etc. material worked on may form part of the second Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As ample: Mcastes (disease causing death), 29 ds.; affection need not be stated unless important. cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For vio-Bronchopneumonia (secondary), 10 ds. ture of the American Medical Association.) The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of Never report



V. S. No.

### of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very See instructions on back of certificate. RECORD PERMANENT WRITE PLAINLY, WITH UNFADING INK-THIS IS

1 PLACE OF DEATH 13754

STATE OF MARYLAND

Vill	age or City Justing (No	St.; Ward)  [If death occurred a hospital or institution give its NAME insternation of street and nomber.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Fen 6 DI	X 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, ORDINORCED (Write the word)  TE OF BIRTH	16 DATE OF DEATH  (Month)  (Day  (Year  17  I hereby certify, That I attended deceased fr  (Day  191  191  191  191  191
7 AC	(Month) (Day (Year)	that I last saw has allve on Ded 25 191
	yrs / mos / ds. or min.?	and that death occurred on the date stated above, at
(b) bus whi	General nature of Industry, ness, or establishment in the employed (or employer)  RTHPLACE (State or country)  10 NAME OF FATHER  10 NAME OF FATHER	Contributory Messelfours our Crafton Secondary  (Doration) yrs mos 3  (Signed) Childred M. Mediller 201
ARENTS	11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from Violation Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
	13 BIRTHPLACE OF MOTHER (State or country) HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIES OR RECENT RESIDENTS) At place In the of death yrs, mos, ds. State yrs, mos, Mere was disease contracted, If not at place of death?  Former or
4	(Address Brookwille	19 PLACE OF BURIAL OR REMOVAL  LOGIOUNIELE  20 UNDERTAKER  ADDRESS

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write Nonc. cated thus: causing death, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-"Manager," "Dealer," etc., without more precise specithe nature of the business or industry, and therefore an Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, (6)

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Accidental drowning; Struck by railway train-accimia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaevalvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viocause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenltal," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic The contributory (Recommendations on statement of (secondary or intercurrent) State cause for



UNFADING INK-THIS IS

WRITE PLAINLY, WITH

PHYSICIANS should state of OCCUPATION Is very

Exact statement

properly classified.

carefully supplied.

o that it may be p

See Instructions on back of

CAUSE OF Important.

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stated

PERMANENT EXACTLY.

### 1 PLACE OF DEATH



### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 2/7

St.; Ward)

If death occurred in a hospital or institution, give its NAME Instead ot street and number.]

Village or City 100	Nevelle	(No,
	- 1	
	0.1	1
²FULL NAME	Thu	Smith
	//	

	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 5	Male Colord Single,  Married,  Middle Colord Ordivorced (Write the word)	16 DATE OF DEATH  (Month) (Day (Year)
6 D	ATE OF BIRTH  Dre 20, 1914  (Month) (Day (Year)	17 I HEREBY CERTIFY, That I attended deceased from  Die 20, 1914, to 20, 1914,  that I last saw h 200 silve on 191
7 A	( - 0002 )	and that death occurred on the date stated above, at
(a	CCUPATION ) Trade, profession, or inticular kind of work	Stillborn 6th months
bus	siness, or establishmonf in ich employed (or employer)	Contributory Secondary
TS	10 NAME OF FATHER no Smith  11 BIRTHPLACE  Moutgy 6	(Signed) (Address) Brokeville Md
PAREN	OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
14 -	13 BIRTHPLACE OF MOTHER (State or country) Brokwill THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Farward Mast	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death yrs mos ds. State yrs mos ds  Where was disease confracted, If not at place of death? Former or
16	(Address) Brookwill  180 Dec, 24 1914 Chas Fargular	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  Productive Dec. 1914  20 UNDERTAKER ADDRESS
FI	191 T WWW. V WONGOOD	Parauti A. A. io.

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: Farmer (retired 6 yrs.) For persous Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-(a) Spinner, (b) Cotton mill; (a) Salesman, additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the applies to each and every person, irrespective of age. who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Nevcr return "Laborer," As examples: "Foreman," (7)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synouym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

thenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Cancause of death approved by Committee on Nomencia-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably IENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Agc," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. ture of the American Medical Association.) The contributory Always qualify all diseases resulting from Measics (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) State cause for Never report



N. B.—Every item of information should be carefully supplied. ACE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PERMANENT DNIONIB 4 UNFADING INK-THIS IS FOR RESERVED PLAINLY, WITH MARGIN S. No.

Village or City Coolewelle (No. 2FULL NAME Peter R. Smi	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 2124  St.; Ward)  [It death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Acolor or RACE Single, Married, She down widower or Divorce (Write the word)	16 DATE OF DEATH  (Month)  (Day  (Year)  17  I HEREBY CERTIFY, That I attended deceased from  (Aug. 1914, to Luc. 29, 1914.
**CCUPATION (a) Trade, protession, or particular kind of work. (b) Seneral nature of industry, business, or establishment in which employed (or employer)	and that death occurred on the date stated above, at 10 A m.  The CAUSE OF DEATH was as follows:  Cortic Stenosci V Jutral  The Cortic Stenosci V Jutral  (Duration) / yrs. mos. ds.
9 BIRTHPLACE (State or country)  10 NAME OF GEO. H. Smith	Contributory Secondary  (Duration) yrs mos ds  (Signed) J. Brown M. Q.
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or country)  14 MAIDEN NAME OF MOTHER (State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from Violent CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, Or HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the ot death
(Interment)  (Address)  (Address)  (Address)	Where was disease contracted, If not at place of death?  Former or usual residence
Filed Les 2, 9, 1914 DA DESTRAR	20 UNDERTAKER ADDRESS Bria Llo M trar, 6 E. Franklin St., Balto., Requesting V. S. No. 10

[Approved by U. S. Census and American Public Health Association.]

it should be used only when needed. As examples: (a) essary to know (a) the kind of work and also (b) Housewife, Housework, or At Home, and children, not mine, etc. statement. material worked ou may form part of the second additional line is provided for the latter statement; cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as dnties of the honsehold only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. the nature of the business or industry, and therefore an Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive first line will be sufficient, c. g., Farmer or Planter, ness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up ou account of the disease Servant, Cook, Housemaid, etc. If the occupation has For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, thus: If retired from business, that fact may be indivery important, so that the relative healthful-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salcsman, "Foreman," engineer, The (7)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the ouly definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Cronp";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucsis of lungs, meninges, peritonaeum, etc., Carcin-

cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head injnry, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal couditions, such as "As-Bronchopncumonia (secondary). 10 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Canture of the American Mcdical Association.) by carbolic acid—probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the "Collapse," "Coma," "Convolsions," "Debility" ("Conis less definite; avoid use of "Tnmor" for malig-The contributory Always qualify all diseases resulting from Meastes (disease cansing death), 29 ds.; "Senile," etc.), "Dropsy," (Recommendations on statement of (secondary or intercurrent) State cause for "Exhaustion," Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

JAN 7 1915 BUREAU. V.S.

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PHYSICIANS should state of OCCUPATION is very Very RECORD Exact statement PERMANENT stated EXACTLY. properly classified. UNFADING INK-THIS IS AGE carefully supplied. may be See instructions on back of certificate. PLAINLY, WITH information should be DEATH in plain terms. OF Important. Every Ite

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist, No.

-Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

### County 2FULL NAME PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH

13757

1 PLACE OF DEATH

M	MARRIED, MIDOWED, ORDIVORCED (Write the word)	(Month)	7 ,1915 (Day (Year)
B D	(Month) (Day (Year)	17 I HEREBY CERTIFY, Tha	, 191
TA	(2012)	and that death occurred on the date atat. The CAUSE OF DEATH* was as follows:	
(a pa (b) bus	CCUPATION ) Trade, profession, or ricular kind of work.  General nature of industry, liness, or establishment in ich amployed (or amployar)	Still Born (Duration)	772/745 yrs mos ds
	RTHPLACE (State or country)	Contributory Secondary (Buration)	yrs mos ds
ARENTS	10 NAME OF FATHER MINISTRAL MANUAL MA	(Signed)	rigon in deaths from the
4 7	13 BIRTHPLACE OF MOTHER (State or country)  THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Intermant)	18 LENGTH OF RESIDENCE (FOR HOSPITAL OR RECENT RESIDENTS) At place in the of death yrs. mos. ds. State Where was disease contracted, if not at place of death?	3.
15	(Address) Byzkowski Dend	19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
FII	ed - 101	20 UNDERTAKER	ADDRESS / 1 6 -

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

S. No. 1.

N. B.

[Approved by U. S. Census and American Public Health Association.]

it should be used only when needed. who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and ehildren, not duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Mauager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, the nature of the business or industry, and therefore an cases, especially in industrial employments, it is neefirst line will be sufficient, e. g., Farmer or Planter, ness of various pursuits ean be known. The questlon been changed or given up on account of the disease who receive a definite salary), may be entered as additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that faet may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic eer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Caneause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of injury, as fracture of skull, and eonsequences (e. g., mia," "Puerferal peritonitis," etc. State eause for childbirth or misearriage as "l'uerreral schiichaemus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion, "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemla" (merely symptomatie), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Mcasics (disease eausing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, ture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. ete., when a definite disease can be ascertained as the "Contributory." Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendatious on statement of Never report



N. B.—Every Item of Information should be carefully supplied. AGE ahould be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact atatement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD MARGIN RESERVED FOR BINDING

Village or City Pury (Prace No. 1991)	STATE OF MARYLAND CERTIFICATE OF DEATH  Registration Dist. No. 725  [If death occurred in a hospital or institutina, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male words  4 COLOR OR RACE  5 SINGLE, MARRIED, MANNIE  MIDOWER  WIDOWER  OR DIVORCED  (Write the word)	(Month) (Day (Year)  17 I HEREBY CERTIFY, That I attended deceased from
aug 27 1/83	that I last saw hum allye on Dec 20 th 1914.
7 AGE    Month   (Day (Year)   1 LESS than   1 day,	and that death occurred on the date stated abova, at
(b) General nature of iodustry, business, or establishmant in which employed (or employer)  BIRTHPLACE (State or country)	Contributory Sovemia Luc Justoz chimale.
10 NAME OF FATHER AUGUSTIC  11 BIRTHPLACE OF FATHER (State or country) MM SUCCOUL OFF  12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER	(Signed) Unit Earl Clark  (Address) Laky Earl Street  *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidentally, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TAKE TO THE BEST OF MY HAVE EDGE (Informani)	LENGTH OF RESIDENCE (FOR HORPITALA, INATITUTIONA, TRANSIENTS, OR RECENT RESIDENTA)  At place   la the   residence   residence
Filed Jee 22, 1914 Thor, K. Concal Registran  If more blanks are needed, address State Registran	Mashungton NC Date of Burial Dec 23, 1914 20 Undervarer 11-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1

[Approved by U. S. Census and American Public Health

material worked on may form part of the second the nature of the business or industry, and therefore an Grocery; (a) Foreman, (b) Automobile factory. cases, especially in industrial employments, it is necwho have no occupation whatever, write None. should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers mine, ete. fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. Never return it should be used only when necded. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question cated thus: Farmer (retired 6 yrs.) For persons causing nearh, state occupation at beginning of illbeen changed or given up on account of the nisease Scrvant, Cook, Housemaid, etc. of persons engaged in domestie service for wages, as Housewife, Housework, or At Home, and ehildren, not who receive a definite salary), may be entered as (a) Spinner, Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the (b) Cotton mill; (a) Salesman, (b) "Laborer," If the occupation has As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing neath (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercutsis of lungs, meninges, peritonaeum, etc., Carcin-

BUKEAU such, if impossible to dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably eause. Always qualify all diseases resulting from childbirth or miscarriage as Presperal scriichacetc., when a definite disease can be ascertained as the ample: Meastes (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Meastes; Whboping cough; Chronic which surgical operation was undertaken. mia," "PUEBPERAL peritonitis," etc. State cause for mus," "Old Age," "Shock," "Uraemia," "Weakness, "Heart failurc," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," merc symptoms or terminal conditions, such as "Asaffection need not be stated unless important. cause of death approve injury, as fracture of skull, and consequences (e. g., oma, Sarcoma, etc., of.... ture of the American Medical Association.) "Contributory." sepsis, by carbolic acid-probably suicide. The nature of the Accidental drowning is less definite; avoid use The contributory (secondary or intercurrent) tetanus) may (Recommendations on statement of determine definitely. Examples: Struck by railway train-accibe stated under the head by Committee on Nomenclaname origin; "Car "Tomor" for malig For VIO-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanenty filed.

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V. S. No. 1.

WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Vittage or City Change (No. 5 1)	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 225  [It death occurred in a hospital or institution, give its MAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX  4 COLOR OR RACE  SINGLE,  MARRIED, Single  WIDOWED,  ORDIVORCED (Write the word)  6 DATE OF BIRTH   1839	18 DATE OF DEATH  (Month)  (Day (Year)  17 I HEREBY CERTIFY, That I attended deceased from 1913, to Dec. 21, 1914
(Moxth) (Day (Year)  7 AGE  (Moxth) (Day (Year)  If LESS than 1 day,hrs.  ORmin.?	and that death occurred on the date stated above, at 2:/5 Pm, The CAUSE OF DEATH * was as follows:  Replication
(b) General nature of Industry, business, or establishment in which employed (or employer)  BIRTHPLACE (State or Country)  Mur Youle	Contributory Secondary  (Duration) 3 yrs. mos. ds.
11 BIRTHPLACE OF FATHER (State or eountry)  12 MAIDEN NAME OF MOTHER OF MOTHER  MANAGE  12 MAIDEN NAME OF MOTHER  MANAGE  MANA	(Signed)
of Mother and Me Nowell  13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant) M. G. M. Adgell, (Pufchum)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death yrs, mos. ds. State yrs, mos. ds  Where was discase contracted, if not at place of death?  Former or usual residence.
(Address) 5 - Luring 21.  16 Filed Dee, 21 - 191 H Fhos, K, Leonad M.T.  REGISTRAR  If more blanks are needed, address State Regist	addington, M. J. DATE OF BURIAL  addington, M. J. DATE OF BURIAL  20 UNDERTAINED  ADORESS  rar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: who have no occupation whatever, write None. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional live is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. who receive a definite salary), may be entered as statement. (a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," As examples: "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid disease.); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite): Tuberculcists of lungs, meninges, peritonaeum, etc., Carcin-

cause of death approved by Committee on Nomenclamia," "Puerperal peritonitis," etc. ture of the American Medical Association.) "Contributory." injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As nant neoplasms); Measles; Whooping cough; Chronic by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Convalvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name orlgin; "Can-Bronchopncumonia (secondary), 10 ds. affection need not be stated unless important. The contributory (secondary or intercurrent) tetanus) may be stated under the head Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of "Dropsy," State cause for "Exhaustion, Never report



### QUIONIB Ш Œ MARGIN

10 PHYSICIANS should of OCCUPATION IS RECORD PERMANENT EXACTLY. classified. D properly pe UNFADING may 80 0 WITH terms, plain EATH 50 Item OF Every Item CAUSE OF Important.

state Very

County 4

(Address)

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Filed.

1 PLACE OF DEATH

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 210

I'lf death occurred in a hospital or institution. give its NAME instead

St.:----Ward) of street and nomber.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS S SINCLE, 3 SEX 4 COLOR OR RACE WIDOWED. (Month) (Day (Year) (Write the word) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Month) (Day (Year) 7 AGE if LESS than and that death occurred on the date stated above, at 1 day, .....hrs. The CAUSE OF DEATH\* was as follows: OR ..... min. ? BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry. business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER 11 BIRTHPLACE PARENT OF FATHER \*State the DISEASE CAUSING DEATH, or, in death's from VIOLENT CAUSES, state (1) MEANS OF INJURY and (2) whether Accidental, SUICIDAL, or HOMICIDAL. (State or country) 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country)

of death \_\_\_\_\_ yrs. \_\_\_\_ mos. \_\_ State \_\_\_\_\_ yrs. \_\_\_\_ mos. \_

Where was disease contracted. If not at place of death?-

Former or usual residence

DATE OF BURIAL

20 UNDERTAKER

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

been changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations (a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary freman, etc. But in many first line will be sufficient, c. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," "Foreman," As examples: (6)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—name accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) "Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, mentages, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Canthenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligcause of death approved by Committee on Nomenclascpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Mcasles (disease causing death), 29 ds.; ture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) State cause for



No. 1. υż

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1 PLACE OF DEATH	13761
County Moulgome	10 /
Village or City Noche	le No

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

.St.;.....Ward)

[If death occurred in a hospital or institution, give its NAME Instead

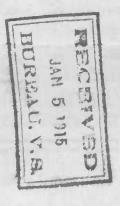
FULL NAME Garney Frank	alle Marfield
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Mole Color or RACE 5 single, MARRIED, WIDDWED, ORDIVORCEO (Write the word)	18 DATE OF DEATH Que, 23, 1914  (Month) (Day (Year)
6 DATE OF BIRTH  (Month) (Day (Year)	17 I HEREBY CERTIFY, That I attended deceased from Dec. 20th, 1914, to Dec. 27th, 1914, that I last saw here alive on Dec 27th
7 AGE  3 yrs   mos   6 ds   OR min.?	and that death occurred on the date stated above, at 2. P. m.  The CAUSE OF DEATH* was as follows:
a) Trade, profession, or particular kind of work.	Lo ealing row chestuits
(b) General nature of industry, business, or establishment in which employed (or employer)	Contributory Auto Intogration mos. 3 ds.
10 NAME OF FATHER John B. Warfield	(Signed) Chas, Farqueliar M. D.
11 BIRTHPLACE OF FATHER (State or country) Alevely, loo, Aled.  12 MAIDEN NAME OF MOTHER OF MOTHER	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) Moulg. Co. Mdd.	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death yrs mos ds. State yrs mos ds  Where was disease contracted,
(Informant) John R. Warfeeld	If not at place of death?  Former or  usual residence
(Address) Nochock, Mod.  Fled Sice 24, 1914 W. F. Jacob	18 PLACE OF BURIAL OR REMOVAL  Lharfu Street - Occupion Date of BURIAL  20 UNDERTANER  Geo. R. Luowden Breedlon 1801
	rar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

additional line is provided for the latter statement; Grocery; (a) Foreman, (b) Automobile factory. A.(a) Spinner, (b) Cotton mill; (a) Salesman, material worked on may form part of the second it should be used only when needed. the nature of the business or industry, and therefore an fication as Day laborer, Farm laborer, Laborer-Coal ness of various pursuits can be known. The question who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the ocenpation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the "Manager," "Dealer," etc., without more precise specistatement. essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotives engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. tiou is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," As examples: "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Tneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, perilonaeum, etc., Carcin-

thenia," "Anaemla" (merely symptomatic), "Attrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Convalvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic eer" is less definite; avold use of "Tnmor" for maligsuch, if impossible to determine definitely. Examples: mia," "PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Seuile," etc.), "Dropsy," "Exhaustion," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. oma, Sarcoma, etc., of...... (name orlgin; "Canture of the American Medical Association.) eanse of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of lnjnry, as fracture of skull, and consequences (e. g., LENT DEATHS state MEANS OF INJURY and qualify us which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichac-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably "Heart failnre," "Haemorrhage," "Inanition," "Maras-Bronchopneumonia (secondary), 10 ds. The contributory Always qualify all diseases resulting from Mcasles (disease eausing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) State cause for Never report



No

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RECORD statement PERMANENT EXACTLY. Exact stated properly classified. 4 pe S should INK-THIS AGE carefully supplied. may be UNFADING that it 0 ō WITH of information should PLAINLY, WRITE See

PHYSICIANS should state OCCUPATION IS VERY PERSONAL AND STATISTICAL PARTICULAR MARRIED, WIDOWED, 3 SEX 4 COLOR OR RACE Write the word 6 DATE OF BIRTH (Month) (Day) TAGE BOCCUPATION (a) Frade, protession, or (b) General nature of industry, business, or establishment in which employed (or employer) certificate. 9 BIRTHPLACE (State or country) 10 NAME OF FATHER DEATH in plain terms, See instructions on back 11 BIRTHPLACE PARENT OF FATHER (State or country) 12 MAIDEN NAME ( OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) Every item CAUSE OF Important. (Address) 15 Filed Dec

1 PLACE OF DEATH



3762

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration	Dist.	No. 2/7
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St .: -Ward)

[if death occurred in a hospital or institution, give its NAME lostead

NAME Ino. Win 1	Shileside of street and oumber.]
NAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4 COLOR OR RACE MARRIED, WIDOWED, ORDIVERCED (Write the word)	16 DATE OF DEATH  (Month)  (Day)  (Year)  17  I HEREBY CERTIFY, That I attended deceased from
Mav. 5 , 1842. (Month) (Day) (Year)	Lea . 1914 to Jea . 2 . 1914 that I last saw ham alive on Sea . 12 . 1914
72 yrsmg6ds.   If LESS than 1 day,hrs. ormin. ?	and that death occurred on the date stated above, st
or Carriage Maker (Retind industry, 12 450)  siment in mologer)	Valgular Disesse of The Hearh  (Ouration) 5 yrs. mos. ds.
Brookwille Md. Ino Whiteside.	Contributory (Secondary)  (Duration)  yrs  mos  ds  (Signed)  See, 12, 1914 (Address)  Brookeville Ind
NAME Cligabeth Hawthere CE ER Untry) Scotland.	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place lo the of deathyrs,mosds. Stateyrs,mosds.
TRUE TO THE BEST OF MY KNOWLEDGE  19. Eleanor N. Harfo.	Where was disease contracted, If not at place of death?  Former or usual residence
957 Cranslow St. Cranslow R. d.	19 PLACE OF BURIAL OR REMOVAL Salem Cernelong Brookleville Seer. 13, 1914 20 UNDERTAKER HEO. CO. Cashell Sunshine Md.
If more blanks are needed, address State Registration	

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons causing death, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation bas of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. tion is very important, so that the relative mealthfulmine, etc. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (d)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing described them for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid dineumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc., Carcinosis of lungs, meninges, peritonaeum, etc., Carcinosis

cause of death approved by Committee on Nomenciainjury, as fracture of skull, and consequences (e. g., sepsis, tetanus) may be stated under the head of cbildbirth or miscarriage, as "Purperal septichaeture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as wbich surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemla," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic Bronchopneumonia (secondary), 10 ds. Never report oma. Sarcoma. etc., of \_ is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Can-Examples:



### BINDING FOR RESERVED MARGIN

V. S. No. 1.

Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in piain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD N. B.

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

-Ward)

[It death occurred in a hospital or Institution, give its NAME Instead

13763

1 PLACE OF DEATH

	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 S E	4 COLOR OR RAGE 5 SINGLE, MARRIED, WIDOWED, ORDIVERCEO (Write the word)	16 DATE OF DEATH  (Month)  (Day  (Year)
6 D/	ATE OF BIRTH  Lic 30 (Month) (Day (Year)	17 I HEREBY CERTIFY, That I attended deceased from 191, to 191, 191, 191, 191, 191
	(1001)	and that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows:  Miscassings are head.
(b) busi	) Trade, profession, or ricular kind of work	Still-Bull (Duration) yrs mos ds.
9 B I	10 NAME OF FATHER D. 12.	Contributory Secondary  (Duration) yrs mos ds.  (Signed) A Auraharan un
ARENTS	11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
۵	13 BIRTHPLACE OF MOTHER (State or country)  THE ABOVE IS TRUE TO THE BEST OF M7 KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos. ds. State yrs, mos. ds Where was disease contracted,
(	(Informant) Burry Millis (Address) Rockville Ind	It not at place of death?  Former or  usual residence
16 File	ed,191	Sent h Baltimon Dec 31, 1914  20 UNDERTAKER  MAR HENDESSON  ADGRESS  ADGRES

are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

(a) Spinner, (b) Cotton mill; (a) Salesman, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. Civil engineer, Stationary freman, etc. But in many tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculsis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "Puerperal peritonitis," etc. State cause for thenia," "Anaemia" (merely symptomatic), "Atrophy," ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." (Recommendations on statement of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal soptichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart fallure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nophritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can-The contributory (secondary or intercurrent) tctanus) Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; "Senile," etc.), may be stated under the head "Dropsy," "Exhaustion," The nature of the



SICIANS should PHYSICIANS RECORD PERMANENT UNFADING certificate. 50 back plain instructions 2 DEATH See ö PO mportant. Ш Every

STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.222 Ilt death occurred in .....Ward) a hospital or institution, give its NAME Instead of street and number. MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE. MARRIED, (Day (Year) (Month) ORDIVORCED (Write the word) HEREBY CERTIFY. That I attended deceased from DATE OF BIRTH (Month) (Day (Year) 7 AGE It LESS than and that death occurred on the date atated above, at 1 day.....hrs. DEATH\* was as follows OR ..... 7 8 OCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer) ..... Contributory 9 BIRTHPLACE (State or country) Secondary es laux 10 NAME OF FATHER ARENTS 11 BIRTHPLACE OF FATHER \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (State or country) 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) ot death ..... yrs. .... State ..... yrs. \_ \_ ds. Where was disease contracted. It not at place of death? (Interment) usual residence 19 PLACE OF BURIAL OR REMOVAL TE OF BURIAL (Address). 15 20 UNDERTAKER REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting K. S. No. 1.

No. 02

[Approved by U. S. Census and American Public Health Association.]

statement. (a) Spinner, (b) Cotton mill; (a) Salesman, "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second additional line is provided for the latter statement; tion is very important, so that the relative healthfulcated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nee-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the DISEASE who receive a definite salary), may be entered as Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cércbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"): Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lohar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is ludefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "Puerperal peritonities," etc. State cause for thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measics; Whooping cough; Chronic oma, Sarcoma, etc., of...... (uame origin; "Canscpsis, tetanus) lujury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. childbirth or miscarriage as etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probabily is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of may be stated under the head of (disease causing death), 29 ds.; "Dropsy," "Puerperal septichac-"Exhaustion," For vio



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PHYSICIANS should state of OCCUPATION is very Exact statement PERMANENT EXACTLY. stated properly classified. should UNFADING INK-THIS AGE supplied. may be of certificate. carefully that It 20 WITH pe See instructions on back of information should b PLAINLY. Item 9 Important. Every It

3 SEX

7 AGE

S

PARENT

16

8 OCCUPATION (a) Trade, profession, or

particular kind of work.

9 BIRTHPLACE (State or country)

10 NAME OF FATHER

(Intermant)

(Address)

11 BIRTHPLACE

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (State or country)

OF FATHER (State or country)

(b) General nature of Industry, business, or establishment in which employed (or employer) ....

1 PLACE OF DEATH	19768	The second
County Montgarreny	10000	4)
		The state of the s
Village or City Or och rel	(No.	Mariana

widowed

(Year)

It LESS than

1 day,....hrs.

REGISTRAR

If more blanks are needed, address State Reg

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.;....Ward)

Ilf death occurred la a hospital or institution. give its NAME inslead ot street and number.]

S-BINGLE,

MARRIED, WIDOWED,

ORDIVORCED (Write the word)

(Day

PERSONAL AND STATISTICAL PARTICULARS

(Month)

4 COLOR OR RACE

MEDICAL CERTIFICATE OF DEATH					
6 DATE OF DEATH	12	18	1914		
**************************************	(Month)	(Day	(Year)		
17 I HEREBY	CERTIFY, That	I attended de	ceased from		
Non & 1901, 19	T to Ma	14	. 1911		
	11.	11			
hat I last saw h. A. A. ali	ve on Man		, 191/		
and that death occurred o	n the date state	d above, at	m		
The CAUSE OF DEATH*	was as follows:				
Intrular I	Realea	1 the H	o ext		
oo	- Charles and	funces little a vice case of educant	Special distribution of the state of the second second		
			*****************		
	(Duration)	6 yrs	nosds		
Contributory Land	Successi				
Secondary Un	known	1			
······································	(Ouration)	yrs	nosds		
(Signed) Edward	andir	son.			
had a	1	6. 10.	111		
LIC 12, 1914 (1		Chille	Mh. Al.		
*State the DISEASE CAUSES, state (1) MEAN TAL, SUICIDAL, OF HOMIC	AUSING DEATH, O	r, in deaths fr	om VIOLEN		
TAL, SUICIDAL, OF HOMIC	CIDAL.	24 (2) (7262	CZ ZŁOCIDEN		
18 LENGTH OF RESIDENCE	E (FOR HOSPITAL	. INSTITUTIONS	TRANSIENTS		
OR RECENT RESIDENTE	C TOR HOSPITAL				
At place	In the				
At place of death Survey yrs mos.	In the	& D yrs			
At place of death 2 yrs mos. Where was disease contracted,	ds. In the State				
At place of death Survey yrs mos.	ds. In the State				
At place of death S. yrs, mos. Where was disease contracted, it not at place of death?	ds. In the State				
At place of death S. U. yrs. mos. Where was disease contracted, It not at place of death? Former or usual residence	ds. In the State		mos ds		
At place of death S. U. yrs. mos. Where was disease contracted, It not at place of death? Former or usual residence.	ds. In the	& D yrs	mos ds		
At place of death S. U. yrs. mos. Where was disease contracted, It not at place of death? Former or usual residence.	ds. In the State	S.D. yrs	mos ds		
At place of death S. U. yrs	ds. In the State	& D yrs	mos ds		



[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations statement. material worked on may form part of the second it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: CAUSINO NEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At sehool or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as dutics of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. who have no occupation whatever, write None. been changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, As examples: "Foreman," (6)

lesis of lungs, meninges, peritonaeum, etc., Carcinpneumonia"); Lobar pneumonia; Bronchopneumonia brospinal meningitis"); Diphtheria (avoid use of term for the same disease. time and causation), using always the same accepted causing nearh (the primary affection with respect to ("Pneumonia," unqualified, is indefinite): Tubercu-"(Croup";) fever (the only definite synonym is "Epidemic cere-Statement of cause of death-Name, first, the nisease Typhoid fever (never report "Typhoid Examples: Cerebrospinal

> nant neoplasms); Measles; Whooping eough; Chronic "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Meastes (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of..... (name origin; "Caninjury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," childbirth or miscarriage as "Puerperal septiehaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by earbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acciis less definite; avoid use of "Tumor" for malig The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from "Senile," etc.), "Dropsy," (Recommendations on statement of etc. State cause for "Exhaustion,"

the certificate is permanently filed. tions answered in detail, it will prevent further correspond-If this certificate is looked over thoroughly and all ques-All the data is essential and must be obtained before

